TORONTO, MAY, 1941

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"The Canadian Hospital"

Official Journal of the

Canadian Hospital Council

Vol. 18 MAY, 1941 No. 5

CONTENTS

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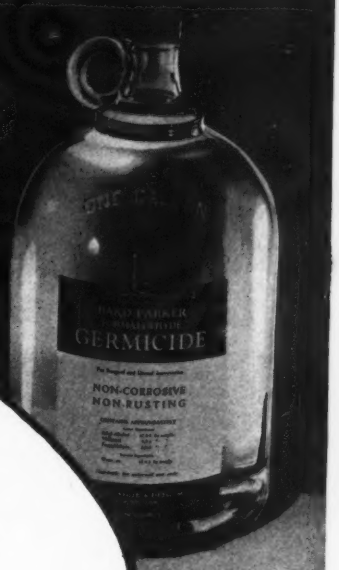

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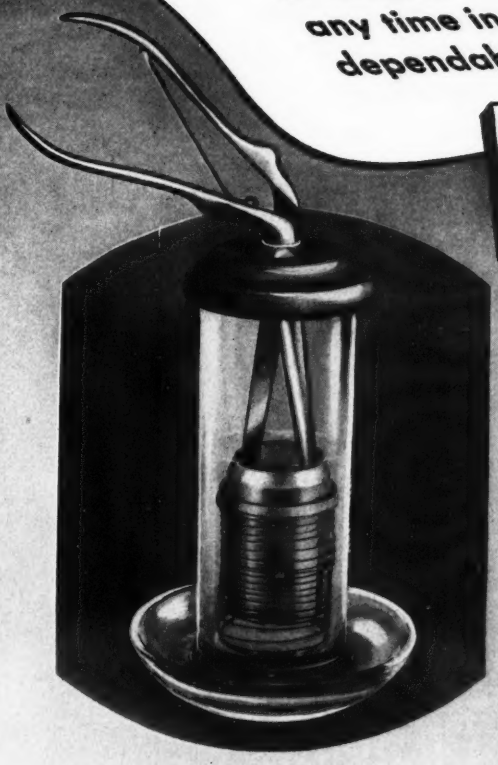

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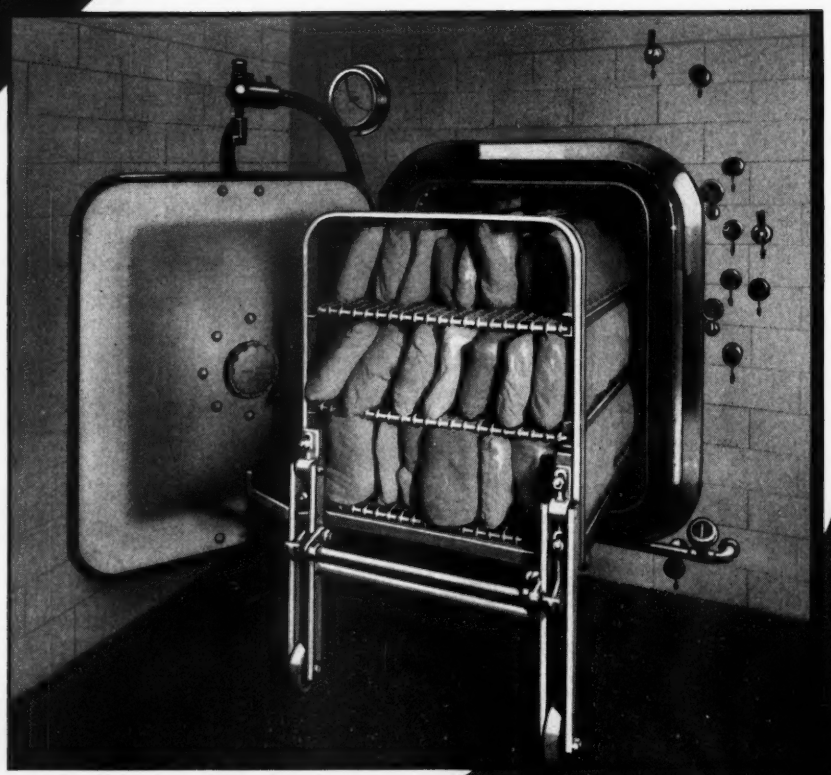

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CANNED FOODS IN THE MODERN PATTERN OF NUTRITION

● Generalities as to human nutritive requirements are of but limited use in the practical application of our modern knowledge of nutrition. This is particularly true where expert and experienced advice on diet formulation is not readily or conveniently available. For those concerned with actual diet planning or administration, more specific information on nutrition is desirable.

During recent years, several excellent texts have become available which present reliable guidance in diet planning (1, 2, 3). One important factor governing conformance with any diet pattern, of course, is the economic status of the individual, family, or group. A recent text presents a workable system in which rather full consideration has been given to this factor (1).

Under this pattern, the common foods have been classed according to their nutritive contributions into some 12 groups. These groups include milk; potatoes and sweet potatoes; mature dry legumes and nuts; tomatoes and citrus fruits; leafy green and yellow vegetables; other vegetables and fruits; eggs; lean meat, poultry, and fish; flour and cereals; butter; other fats; and sugar. There will, of course, be quantitative differences in the nutritive values of individual foods within a single group. However, there is sufficient similarity so that the foods within a group can be used interchangeably as conditioned by factors such as availability, relative costs, and personal, racial, or religious preferences. In order to minimize variation of nutritive values obtained from each food group, it has been suggested that as wide a variety of foods within a group, as practical, be consumed.

In connection with this diet plan, desirable yearly food allotments for persons of various sex, age, or conditions of life are also listed in terms of these twelve food groups. Thus, from information regarding the sex, age, and activities of the members of a family or group, one can compute the yearly amounts of the various foods which should be provided. From the sum of these yearly totals, the food allowances per week or month for the family or group can be estimated. The latitude in the choice of foods, within the twelve specified food groups, makes the diet pattern more adaptable to situations where the economic factor must be considered.

Estimation of food requirements in this manner provides a practical method of diet planning designed to supply the nutritive requirements of an individual, a family, a group, or even a nation. However, the ultimate achievement of an improved nutritional status is dependent upon a readily available supply (at all times) of the various common foods at reasonable cost. It is apparent from the listing of the twelve food groups that many materials of a perishable nature—which are not conducive to year-round production near the centres of large populations—are indispensable in supplying the dietary requirements of our people. Thus, the transportation and storage of foods, in such a manner as to retain nutritive values, are important problems to be considered.

Needless to state, commercially canned foods are well adapted for use in this diet plan. Commercial canneries are located near the sites of abundant supply of freshly harvested foods. The canning processes convert the perishable foods into nutritious canned foods which can be economically transported and marketed throughout the year. Hence, the canning industry plays an important role in the practical aspects of diet planning to improve the nutritional status of the Canadian people.

1. 1939. Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Govt. Printing Office, Washington, D. C.

2. 1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.

3. 1940. J. A. M. A. 114, 548.

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Editor

The CANADIAN HOSPITAL

Toronto, May, 1941 Vol. 18 No. 5

Physical Activity and Fatigue in Relation to Health

The Value of Physical Education to Nurses

E. STANLEY RYERSON, M.D., C.M.
Director of Physical and Health Education
University of Toronto.

THE four fundamental characteristics of the single celled organism, the amoeba, are movement, metabolism, the ability to respond to stimuli and the power of reproduction, growth and development, death. Although the human organism is composed of many millions of living cells with these same features, the total organism, man, also possesses the same characteristics, the first of which movement is evidenced in what we speak of as *physical activity*. In order to understand this and at the same time to point out various movements taking place within the body, we must begin with a single cell in the body and the means by which its life is maintained by the blood which is brought into intimate relation with it in the capillaries. Although the heart is the most essential organ in the body from the standpoint of providing the force to keep the blood circulating throughout the body, it is in the capillaries that the blood transmits to the body cells the essentials for the maintenance of their life and the performance of their functions, so that from this latter standpoint the capillaries are the most important part of the circulatory system. The *circulation of blood* is thus the first and most necessary movement in the human organism.

In the course of this blood circle, the blood is forced by the heart through a minor circulation of arteries, capillaries and veins in the lungs, the functional unit of which is the microscopic air sac wherein the inspired air gives off its oxygen to the blood flowing through the capillaries in its walls and takes up the waste carbon dioxide from the blood to be disposed of in the expired air. The *passage of air in and out of the lungs,* brought about by the movements of the chest for the purpose of providing the blood with oxygen and withdrawing the waste products, is the second most fundamental movement of the body.

The arteries to the different organs and tissues play a part in regulating the blood flow to them as they undergo dilation and create an increased blood flow to a particular organ or tissue when its functional activity is increased and conversely, a decreased flow during inactivity and rest. However, it is in the capillaries of the organs and tissues where the blood supplies their particular cells with the essentials for the maintenance of their life activities and the blood flow through the capillaries varies in accordance with the degree of the functional activity of the cells. It is therefore very important to have a clear understanding of the number of capillaries in proportion to the cells in the different structures of the body. In his book on "The Anatomy and Physiology of Capillaries", A. Krogh describes, for example, "the quantitative anatomy of muscle capillaries". The capillaries in the muscles of a man, of about 150 pounds, number 2,000 per square millimeters and if all the

Most people have the idea that exercise is only to strengthen muscles and, as they consider that their muscles are strong enough for them to carry on their ordinary life activities, they see no reason why they need to take any active exercise. They do not know that the increased rate of the blood flowing through the circulatory system affects not only the muscles but the cells in every organ and tissue in the body.

From an address, February, 1941, to the Registered Nurses Association of Ontario, District No. 5.

capillaries in his muscles were put end to end they would extend for two and one-half times round the world and have a total surface for the exchange of substances of 6,300 square metres!

Effects of Exercise

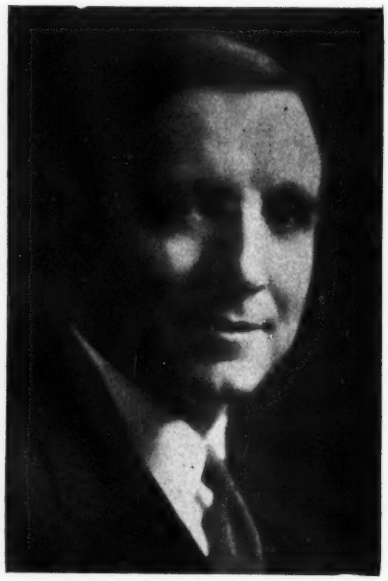
At rest, with a heart rate of 70 a minute, the total blood in the body flows through the heart arteries, capillaries, veins and back to the heart, in about 100 seconds. During vigorous exercise, the blood completes this cycle in about 20 seconds, with the result that the cells of all the organs and tissues of the body have blood brought to them in their capillaries five times as often during exercise as during rest, in consequence of which, the quality of the cells' structure is made better and the efficiency of their function is improved. For example, the effects of regular exercise upon *muscles* resulting from the increased capillary blood flow are the better quality of the muscle fibre protoplasm, the greater size of the muscle fibres and of the whole muscle, the increased power that it acquires, the capacity for more efficient and more economical co-ordination and the more adequate chemical changes that occur in them.

The arteries that form the rich capillary supply of the muscles also send branches to the *periosteum* of the *bones,* the capillaries from which pass horizontally into the compact bone. The average distance between the vessels in the Haversian canals in compact bone is 1/500 inch, so that in a square inch of a cross section of the femur, for example, there would be 250,000 capillaries, which makes one realize how vascular compact bone is and how the speeding up of the blood flow through these vessels will affect the quality of bone structure. Every football coach has learned from experience the fact that fractures are much more frequent in the first month of training than they are when the players are in good condition, which is explained by the gradual improvement in the quality of the compact bone resulting from regular increase in its capillary circulation brought about by daily activity.

The axiom that the performance of function has a beneficial influence upon the quality of structure is fairly obvious in the *joints* of the body. Movement of a joint results in an increased capillary blood flow in its capsule, synovial membrane and ligaments, thereby improving the quality of their cells.

Improved Heart Action

During exercise the demand for an increased amount of oxygenated blood in the muscles, bones and joints is met by an increase in the output of the heart and in more rapid breathing. The more rapid and vigorous contractions of the heart muscle that occur, create a greater demand for a greater flow of blood through its own capillaries, and the regular repetition of this



E. Stanley Ryerson, M.D.

increased function results in the muscle cells of the *heart* improving in the quality of their structure and the efficiency of their action. The converse of this is also true, for if no or very little increased call is made upon the heart muscle as the result of leading a sedentary life, then the quality of the heart muscle tends to deteriorate and it becomes incapable of meeting any unusual demand made upon it by active exercise. The practice of some people of never walking upstairs or hurrying or participating in any form of physical exercise with the object of conserving the heart, is not a justifiable one, for the lack of any increase in the blood flow to its muscular wall is more apt to lead to its weakness and possible disaster than the habit of making these efforts periodically as a means of maintaining the quality of the heart muscle in good condition.

The increase in the demand of the active muscles for more oxygen in the blood coming to them makes a person breathe more rapidly and more deeply, thereby taking more air into the *lungs* and using more lung alveoli and at the same time causing a greater blood flow through the capillaries in their walls. This increased expansion of the lung tissue and increased functional activity of its substance brings about an improvement in the quality of the lung structure.

The greater and more frequent up and down excursions made by the diaphragm during the more rapid breathing in active exercise must raise and lower the *liver,* and by so doing play a part in promoting the sluggish flow of venous blood through the enormous network of capillaries associated with the portal and hepatic veins. The circulation through the hepatic artery and its capillary distribution will also be speeded up along with the general circulation with the result that the quality of the liver cells would be improved and the functions they perform carried out more efficiently.

Muscular activity increases the amount of *heat* produced in the body so that, if a corresponding amount of heat loss does not occur at the same time, the temperature may rise a degree or so, or occasionally as much as five or six degrees. The constant radiation of heat from the blood in the capillaries of the skin covering the 20 square feet area of the body's surface maintains the temperature of the body at its normal level. Only the epidermis of the skin, 3/1000 to 5/1000 inch in thickness, or that of a sheet of paper, separates the blood in the complete layer of capillaries immediately beneath it from the surrounding air so that the increase of blood flow through these capillaries, the number of which ranges from 20,000 to 65,000 to the square inch, due to exercise, results in a marked additional heat loss by radiation.

As the circulatory system is a continuous closed system of tubes, the speeding up of the blood flow that results from physical activity occurs in the blood vessels of all the structures of the body. Mechanisms are provided in the body by which the

Photograph courtesy Miss Fanny Munroe, Reg.N., Royal Victoria Hospital, Montreal.

distribution of the blood to the different organs and parts is regulated in accordance with the degree of their metabolic activity.

Increased circulatory flow takes place in the capillaries of the walls of the *stomach,* the *intestines* and the *gallbladder* and in the *pancreas,* as the result of which the cells of the mucous membrane, the secreting glands and the muscle layers receive nutritive materials more frequently, become improved in their quality and more capable of performing their functions with greater efficiency. The circulation through the *kidneys* is affected in a similar manner, the excretion of urine aiding to a small degree in the heat loss of the body, in addition to ridding the body of the increased waste products brought about by the general exacerbation of the body metabolism.

Effect on the Mind

The increased velocity of the blood circulation during physical activity happens also in the *brain* and *spinal cord,* the proportionate number of capillaries in the gray matter of which is almost as great as that in muscle.

As the functions of the brain are performed by the 12,000 million cells in the gray substance, the increase in the velocity with which the blood flows through its rich capillary network will stimulate the metabolic changes and thereby improve the quality of its cells and the accomplishment of their functions. It might justifiably be inferred from this that the capability of a person to use his intellect more effectively and to guide his emotional reactions more reasonably would result from the speeding up of his blood circulation by actively exercising his body. "Physical exercise keeps the body and mind as a total unity. Its purpose is physical at first, but subsequently (by harnessing, controlling and cultivating the body) it can awaken and discipline the human mind and spirit." (Newman)

"No great educational thinker, from Plato, the first and greatest, to our own day, has ever been able to think of education in any other way than as a joint training of body and soul. It is one of the supreme follies of our hyper-academic system that it has neglected physical development in the training of adolescents. To regard care of the body as unimportant would have been foolishness in a Greek; in the light of modern physiology, psychology and hygiene, it is a crime. Every fresh discovery of science makes the unity of body and mind more complete; and the perfection of man becomes realizable only in the harmonious development of both." — (Quoted by Newman.)

Fatigue

Physical or mental activity, if vigorous and intense for a short time or steady and continued for a long period, gives rise to a sensation of tiredness or fatigue. Although everyone has experienced this feeling, physiologists are still searching for exact objective evidence in the body to explain it. It manifests itself in a person by a diminished capacity to work as the result of work, or to indulge in physical or mental activity as the result of doing them. Fatigue is dependent on, and varies with the nature of the work, the constitutional make-up of the person, the physical condition of the worker and the attitude of the worker toward the nature of the task depending upon whether he is required to do it or is doing it spontaneously.

The monotonous performance of the same act, such as occurs in certain industries, results in "Boredom", which is a psychological reaction, and not in fatigue, which is a physiological one. The fatigue curve of long continued work, either physical or mental, consists of three stages. In the first stage, concentration of attention on the task is necessary and this is difficult. However the working power gradually increases until the person gets "warmed up", or "gets into his stride". Either before or in this phase, the person pleads "tiredness", a purely emotional reaction which is not genuine fatigue at all. In the second stage, the person performs his work well and efficiently at a uniformly high level and continues to do so for a variable length of time when he passes into the third stage. When he begins to find that his ability to do the work and the amount that he can do are decreasing and that the work is harder to carry out, then he is in the third phase and the longer he continues, the worse he gets.

Overcoming Fatigue

This fatigue curve has been investigated in the workers in industries and offices and it has been found that two such curves occur in the ordinary day's work, one reaching the third stage during the morning and the other in the afternoon.

Realizing this fact, many business and industrial organizations have introduced the practice of giving short *rest periods* at about the time that their workers showed signs of the onset of fatigue and as a result, have found that not only has the work accomplished been greater and better, but also that the workers are kept in better physical condition and in a more happy state of mind.

The provision of a "snack" to eat in these rest periods has still further improved the condition of the workers. "Haggard and Greenburg have recently reported a controlled study of the effects of between meal feedings of bananas or of milk and bananas during previously established rest periods on the disposition and absenteeism of a group of one hundred and twenty clerical workers in a large commercial office. There was a marked decrease in absenteeism among the employees receiving these two daily supplementary lunches. Most of the employees approved of the supplementary food and thought that they became less tired and were kept in better spirits and were more attentive to their work."

"These investigators believe that it is entirely possible for persons to be relieved of a feeling of fatigue, irritability and muscular inefficiency by frequent feeding and at the same time to satisfy the requirements for a well balanced diet without overeating." "This preferred change in mealtime frequency (five meals instead of three a day) has enough basis in experimental background to warrant further trial in practical application as a possible means of promoting the health and cheerfulness and productivity of millions of workers."

The part played by *sugar* in the body in providing muscular energy is recognized by physiologists, marked fluctuations being found in the sugar content in the blood during muscular exercise. The determination of the blood sugar level is a useful index of the degree of fatigue in a person. An editorial in the Canadian Medical Association Journal describes a study made of the change in the blood sugar of thirty golfers, from thirty to forty-five years of age, with handicaps between ten and twenty-seven. Their blood sugar was tested before a lunch with an ample sugar content, again after lunch and at every odd hole throughout the eighteen holes of the course. It was found that the blood sugar level progressively dropped, reaching its lowest level between the 9th and 15th holes in those playing in a foursome and between the 11th and 15th holes in those playing a twosome. Coinciding with this, the players not only experienced a sensation of fatigue, but played a larger number of poor shots. The lowest blood sugars were shown by the poorer players owing to their greater bodily and mental fatigue.

The recovery of a person from fatigue is brought about by rest, by sleep or by a change in the kind of effort made. Sleep and rest have a building-up or reconstructive function as far as the life activities of the body are concerned. A psychologist has recently stated that there are two types of sleepers. The 'A' type is "characterized by ease in falling asleep, the greatest depth being attained within an hour or two, with progressive lightening of the sleep, and with easy waking with a feeling of being refreshed." The 'B' type is characterized "with relative slowness in falling asleep, progressively deepening, the greatest depth occurring in the last hours of the sleep period, and with relative difficulty in waking, the refreshed feeling coming on tardily."

The rhythm of life in man requires the alternating periods of being awake, with all its accompanying activities, and of being asleep with its slowing down of all the life processes. The provision of an *adequate period of sleep* must be realized as just as essential for the maintenance of the health of a person as the breathing of air and the taking of food; the lack of sleep may seriously impair an individual's capacity to live effectively.

Educators have recognized that the care of the body is as essential as the training of the mind and in consequence have included Physical Education in the curriculum of the primary and secondary schools and of universities. Should Physical Education be included in the Training Schools for Nurses as a means of maintaining and promoting the health of the nurse? Before answering this, let us consider what the common practice is in Training Schools with regard to the health of the nurse.

I hope the day will come when trained Physical Educators will be appointed to the staffs of Training Schools for Nurses to give the instruction in the course and act as leaders in the recreational activities that should form an essential part of such an educational programme.

She is examined by her own doctor before her application is accepted and again by the hospital doctor at the beginning of her training, chiefly, to make certain that she has no disease or disability. She is then vaccinated, inoculated and immunized against certain communicable diseases. She may be t u b e r c u l i n tested and have her chest X-rayed. She i m m e d i a t e l y begins her probation period requiring longer hours of work, classes and study than she has ever been accustomed to and has to continue such a routine throughout her course of training. When a man enlists in the army, he is not only given drill to learn the technique of soldiering, but physical training to build up his physical condition so that his body will be capable of standing the strain and stress of physical work. Is such a proposal practicable in the training of a nurse? Of what should a course in Physical Education for nurses consist?

Courses in Physical Education for Women are given in many universities and colleges; in England, in 1937, the British Parliament instituted a "Physical Fitness" bill for the young men and women of the country in order to build up their physique. The government published manuals of instructions, that for women being called "Recreation and Physical Fitness for Women and Girls". The main forms of physical activity described in this manual and used in colleges on this side of the water consist of gymnastics, games

(*Continued on page* 44)

Czechoslovakian Hospitals Evolve to Meet Needs of People

Interesting Analysis of Outstanding Continental System

By JOSEF VOGL, M.D.,
Formerly of Pilsen, C.S.R.

MOST of the present Czechoslovakian hospitals date back to the 19th century, when much of that strife-torn country was part of the Austrian monarchy.

The Austrian hospitals for years were of a very high order. Most famous were the teaching hospitals of Vienna and Prague, the teaching hospitals being called "clinics". The famous Prague clinic is part of the University of Prague which, incidentally, is the oldest university in Europe, being founded away back in the fifteenth century. The old Austrian hospital organization was so good that it was retained by the new Czechoslovakian Republik (CSR) after the last war.

Hospitals State Owned

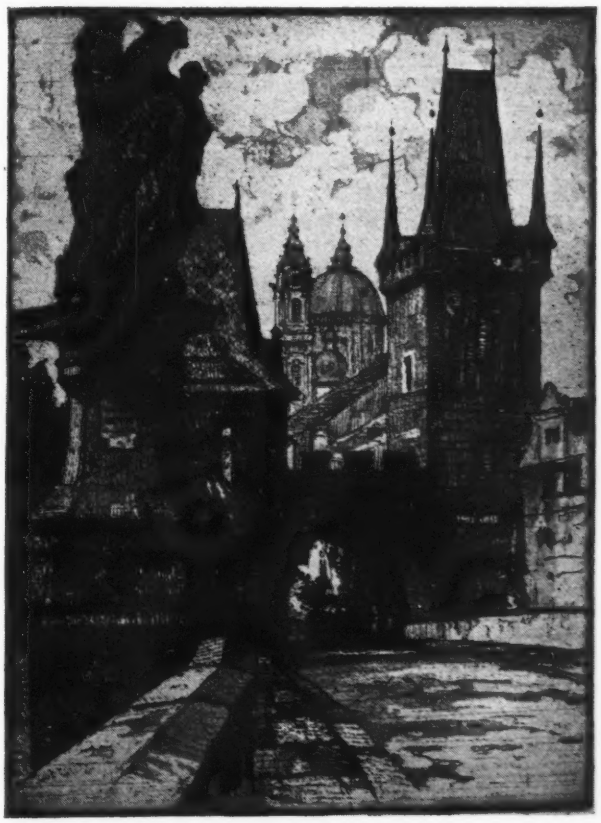
Some of the older buildings are most interesting. Many of them are really monumental buildings, built of stone in the style of the eighteenth century, with walls five feet thick, three to five stories in height extending actually for more than five hundred yards, and with endless arched corridors and labyrinthine cellars in which one could easily go astray. The most imposing buildings of this kind are the "old Prague", the Brunn General Hospital and the Prague Military Hospital.

The newer hospitals are built in the modern continental pavilion style, with separate buildings for each department. The most prominent of this new type are the "new" City of Prague Hospital and the new Isolation Hospital in Prague. These are masterpieces of modern hospital building art and are famous all over Europe.

The hospitals are practically all municipal or governmental institutions. The "clinics" (teaching hospitals) are supported by the government. All hospitals are under the Ministry of Health, their deficits being paid by the government. As the parliament has always been very generous in granting money for hospital purposes, expenses for hospitalization have been quite a considerable item in the budget; this expenditure, however, has enabled the hospitals to keep modern in every regard.

The organization of the medical and administrative work is somewhat similar to that of the teaching hospitals of Canada. A doctor is the director of the hospital and he has a lay manager for the administrative work. In the smaller hospitals the chief clinical doctor is also the director of the hospital. In the bigger ones, there is a "director doctor", corresponding to our Canadian superintendent, and every department has its "chief" doctor, called "primarius". Every hospital has an adequate number of interns on each department. Some departments have so called "consiliarii physicians" for special work, e.g., a paediatrician on the obstetrical ward or a neurologist on medicine.

In many hospitals the nursing care is still performed by lay sisters. These nuns, who have dedicated their lives to the sick and helpless and have no worldly interests, are really excellent nurses, but their number is steadily decreasing and gradually they are being replaced by professional nurses.



The famous Charles IV Bridge showing one of many flanking groups of statues and the dome of St. Vitus Cathedral in the background.

Before the destruction of Czechoslovakia, Doctor Vogl had practised for twenty years in Pilsen. A graduate of the University of Prague, he was consulting paediatrician to the Pilsen General Hospital. He has been for some time now an intern at the St. Catharines General Hospital awaiting his citizenship status to permit him to write for his licence to practise in Canada.

In the Slovakian hills looking towards the Schemnitzer Mountains.

No Schools for Nurses

There are no nursing schools as in Canada. The nurses learn their profession, practically from the start, at the sick-bed. In the beginning they do only maids' work, but gradually they are introduced to nursing work. They take courses which are arranged by the different clinics and in this way get the theoretical knowledge which they need. Only girls with adequate school-education are accepted. Every hospital employs a certain number of "permanent" nurses. These nurses are public employees, which means that they, like civic employees, can be dismissed only for some grave offence against the discipline or the law. After a certain number of years they are entitled to a pension.

Religious Orders

Besides the publicly owned general hospitals, there are a few hospitals which are supported by religious orders. These are the Benedictine hospitals in Prague and Brunn and the Elisabethan hospital in Prague. The Benedictine hospitals are owned by the same friars who operate the famous hospices in the highest parts of the Alps, founded many centuries ago, where, at heights up to ten thousand and five hundred feet, they have given accommodation and aid to people who have had to cross the high mountain passes. In former times, when the mountains could be crossed only on foot, many who lost their way or were caught by a snowstorm in these heights, owed their lives to these brave friars and to their famous St. Bernard dogs, which were trained to find lost people and lead the monks to them.

The Benedictine hospital, which was completely rebuilt and modernized in 1939, admits only men and all nursing work is done by the friars. The Elizabethan order hospital is for women only. Both hospitals are well liked because of the kindness of the friars and sisters.

All cities and many towns have separate lying-in hospitals, which are organized like the general hospitals and are intended almost exclusively for free ward deliveries.

Three Classes of Patients

In the general hospitals there are three classes of rooms and board. The *third* class is the cheapest one; this corresponds to the open ward of the Canadian hospital. The paying patient pays about 80 cents a day; this covers board and medical treatment, including operations, etc. To this class are also admitted the free patients. According to the size of the rooms, there are six to twenty patients in every room. In the *second,* or semi-private, class the patient pays one and a half to two and a half dollars per diem; two or three patients are in every room. In the *first* class the fee is three to four dollars per diem and every patient has a private room. In the second and first class the patient has to pay separately for medical treatment, operations, etc., but the charges are fixed by the government and are rather low. The pay patients themselves can choose any of the three classes. There are only a few rooms for the first and second class patients.

Workers' Insurance

In the CSR there is a workers' insurance plan which covers not only accidents but sickness as well. All patients under this scheme who need hospital treatment, are admitted to the third class, at the expense of the insurance plan.

The fees for the third class are collected with the greatest consideration; if a person has any difficulty in paying, he is by no means pressed.

All Hospitals Closed

Though it is easy to get hospital treatment, people do not abuse this hospital privilege. To the hospitals, as a rule, are admitted only patients who for medical or social reasons cannot be treated at home. This is due partially to an inherited prejudice against hospitalization, but mainly to the fact that *in the general hospitals no patient, no matter whether a free or paying patient can be treated by anyone else but the hospital staff.* "Open" hospitals, as in America, are unknown in Central and Western Europe. The Canadian doctor has the privilege of treating his patients, at least the semi-private and private cases, in the hospital. The entire hospital equipment, the laboratory, the x-ray department, the excellent nursing staff, are at his disposal. He has the use of the hospital library, etc. The development of the open hospital, even if only for private and semi-private patients, is an enormous advantage to the Canadian doctors, the importance of which they perhaps do not even realize. The Canadian doctor likes to send his patients to the hospital because it is more satisfactory and easier to treat them there. The patients like to go to the hospital as

they can be treated by their own doctor and also have the facilities and comforts of the hospital. The European doctor loses his patient if he sends him to the hospital and so he does not like to send him to the hospital. The European patient loses his doctor whom he knows and trusts, if he goes to the hospital, and so he does not like to go to the hospital unless it is absolutely necessary.

There are private hospitals or nursing homes in every larger city (called Sanatoria) in which any doctor can treat his patients. They are up-to-date but rather expensive.

The army had its own army hospitals. The garrison hospital of Prague was the Central army hospital, every department of which was headed by an experienced specialist. The young army doctors here got their postgraduate training.

Autopsies Obligatory

The autopsy is obligatory for all cases which die in the hospital. This is an excellent arrangement. Exceptionally, an autopsy can be avoided at the request of the family if the primarius and the pathologist agree.

In the teaching hospitals every clinic has its own laboratory. The smaller hospitals have a laboratory for the whole hospital. In difficult cases the hospitals send speciments to the Pathologic or to the Bacteriologic-serologic Institute of the university or to the Czechoslovakian Health Institute. In this there are large laboratories for research work and also for practical clinical studies. Here are performed bacteriological, chemical and serological examinations for the hospitals and doctors. The Institute has departments, too, for making all kinds of sera and vaccines. These products are recognized as first class and quite equal to the famous German and Austrian products.

The organization of the *mental hospitals* is the same as in Canada. Separate hospitals take care of feeble-minded children.

Rehabilitation Advanced

There are hospitals for *crippled children* and, a memento of the great war, also rather a large number of similar homes for adults, with which are connected *orthopedic hospitals.* Here the patients are not only treated by all means of modern orthopedics, but are also taught occupations which they are able to practise. It is hard to believe how much is done and achieved in this respect. By wise selection of the proper occupation, people who would seem unable to do anything are often able to support themselves.

The market place in a typical village. Photo by Stre

Bohemia has, in St. Joachimstal, a most productive *Radium* mine and so, naturally, the Republic has institutes for radium research work and therapy. In the large hospitals in Joachimstal itself, the radium is used as radium water for drinking, bathing, inhalation, mud baths, etc. In Prague there is a large radium hospital for the treatment of tumors and other diseases. In many cases the results are remarkable.

In the world famous *watering places,* Karlsbad, Marienbad, Piestany, with their hot mineral wells, there are special hospitals for the disturbances of metabolism, rheumatism, gout, intestinal diseases, cholelithiasis, etc. Patients from all countries of the world formerly came to these places.

Convalescent Care Appreciated

There is a tendency to keep patients in the hospitals no longer than is absolutely necessary and so the larger cities and the country support *convalescent homes.* These homes are well situated climatically and the patients recover here much quicker than in the hospital. Experience with these homes has been so pleasant that the workers' insurance plans built their own convalescent homes for their members. There are also many privately owned homes in the mountains; these are crowded all the year.

There is a large number of *tuberculosis sanatoria* in the CSR. They are supported (1) by the government (2) by the insurance plans and (3) many are privately owned. Most of them are in the mountains at heights of between fifteen hundred and six thousand three hundred feet. Especially do the sanatoria in the Tatra mountains, situated on the southern slopes at heights of from three thousand to six thousand three hundred feet, compete successfully with the famous Switzerland sanatoria. In the Tatra there are also so called "preventoria" for children, who are not tuberculous, but for one reason or another are endangered. Here particularly good results are achieved by winter "cures".

Unique Foundling Hospitals

A special kind of hospitals are the *foundling hospitals.* The first of them was founded about ninety years ago by the country of Bohemia and annexed to the lying-in hospital of Prague. Originally they were destined to admit illegimate children,

(*Continued on page* 22)

Making Jack a Dull Boy

How Many Hours Should an Intern Work?

By R. A. SEYMOUR, M.D.,
Assistant Superintendent,
Vancouver General Hospital

WHAT hours should interns have off duty? This question is asked not only by interns but by members of Intern Committees and medical staffs and, without doubt, by many hospital executives as well. Associated with the problem of hours off duty are such factors as the number of patients per intern and the amount of laboratory work each intern is expected to do. To find out what is the common ruling among hospitals across Canada, a questionnaire was sent out to the larger institutions. Some of these were university hospitals and some were not. This questionnaire was not extensive and therefore cannot be conclusive, nor should it be used as a rigid basis for forming a unified policy among hospitals, because there are so many other variants influencing the duties and duty hours of interns. However, it did reveal some very interesting differences and one hopes that this article will lead to further studies and provoke serious discussion among those responsible authorities who have to do with setting up regulations for interns.

Replies to this questionnaire were received from fourteen hospitals whose capacity varied from approximately 375 to 1200 beds. Before analysing these reports, may one point out that it was difficult to set a few simple questions that would apply to and fit in with the varied intern schedules of these different hospitals; as a result the replies, in some cases, were complicated or incomplete. These replies were interpreted and summarized and copies of the summary returned to these hospitals in December 1940. To date, April 1st, 1941, we have received no criticism or correction of this interpreted summary, so are concluding that the interpretations are satisfactory.

How Many Patients per Intern

Replies were interpreted on the basis of the number of interns actually caring for in-patients, writing histories, doing routine laboratory work, etc., and thus excluding senior interns or residents who were considered as supervisors or directors. It also excluded interns attending the out-patient department, accident department or pathological department and thus not directly caring for in-patients. As a result, the interpretation showed that the variation in number of patients per intern extended from 14 to 48. There may be many factors explaining this wide excursion, e.g., the number of interns available, but there is no correlation between university and non-university hospitals which would indicate that medical students writing histories would account for this discrepancy. The average number of patients per intern for the hospitals reporting came to 31.

Routine Laboratory Duties

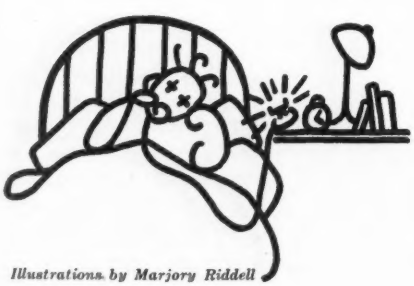
A complicated question was whether or not interns did routine laboratory on patients and to what was the extent of this routine. It would appear from this survey that the routine laboratory procedures usually assigned to interns consisted of routine urinalyses, blood counts—white and red, haemoglobin and sedimentation tests; other tests were usually done by technicians.

This routine laboratory work for non-pay patients is done by interns in 5 hospitals. In one hospital it is done by junior interns during their two weeks' service in the laboratory; in another it is not done because of pressure of work, but should be; in the balance, 7 hospitals, it is not done by interns.

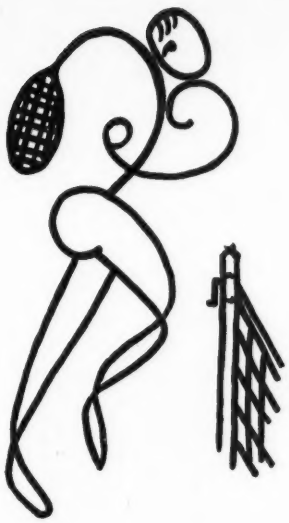
For pay or private cases the interns do the routine laboratory work in only one hospital. In 6 of the hospitals the interns do it only at night in cases of emergency.

Hours on Duty

The number of hours on duty per week was difficult to determine for some hospitals because of schedules for week-ends off duty, night duty and evening duty. The interpretation assumed day hours of duty plus evening hours up to eleven or twelve o'clock at night and week-ends on duty. Some hospitals did not report on this question at all; others stated that there were no defined hours of duty, but that junior interns were allowed off duty when



Illustrations by Marjory Riddell



their seniors permitted such, providing their work were done. However, one would note that in most hospitals, interns' work is never done. Interpretation of these reports showed the hours on duty per week varied in six hospitals from 110 hours to 54, averaging 75.

Time off Duty

Here the replies were more diverse than ever. It would seem best to describe briefly the method given by each hospital (arranged in no definite order).

1. Time off duty not stated.

2. On call all the time they are in hospital.

3. 7.00 p.m. to 12.00 p.m. off duty when not on night duty, perhaps from 4.00 to 7.00 p.m. if work done; 2.00 to 7.00 p.m. if on night duty that day. Sunday services, broken up amongst them by rotation from 2.00 p.m. on, being considered apart from 6 days of week. No holidays save by special permission. No regular week-ends as in so many sanitoria where such could be more easily arranged.

4. Off duty after 5.00 p.m. on alternate evenings. On Sundays and holidays interns may sign out to their relief at 12.00 noon.

5. Every other night from 7.00 p.m. excepting one night in six. Every other week-end from Saturday noon until Sunday midnight.

6. One week-end per month; other times not stated except that junior interns may go out on permission from seniors.

7. May sign out to relief any afternoon or evening provided work is done. Senior resident may grant week-ends Saturday 1.00 p.m. to Sunday evening if work permits.

8. On duty 8.00 a.m. to 7.00 p.m. daily. They usually take one half day and are in their quarters a few hours each day but are responsible for calls to their wards and histories on patients admitted during above hours.

9. Interns work from 7.00 a.m. to 7.00 p.m. with one afternoon off per week and every second week-end off duty. They alternate in being on duty every fourth night.

10. Every other night and every other week-end (Saturday noon until Monday morning).

11. Every other afternoon or evening, provided final year student assistant is on duty.

12. No particular time is stipulated. Interns are allowed to arrange their off-duty time at their own convenience but they must sign out to some other intern on duty. Alternate nights are usually rest periods when alternate services are not admitting.

13. Every other night after 7.00 p.m. with one week-end per month. Other times and week-ends only if work is finished and with approval of head of service and senior concerned.

14. Estimated every evening off except once a week when services rotate to cover admitting and casualty 3.00 p.m. to 11.00 p.m. Two juniors cover wards from 5.00 p.m. to 11.00 p.m. Night duty 11.00 p.m. to 8.00 a.m. covered by one man in rotation.

It can be seen by the above reports that hospitals detail time off duty according to their needs and that there is no set plan or uniformity. Some observations might here be made and some ideas put forward for thoughtful consideration. There is much talk of union hours among various groups of hospital employees that are not yet organized and such organizations arise where employment conditions are not satisfactory. Also, from time to time provincial government regulations and orders of Boards of Industrial Relations affect working conditions. To date no such regulations have involved the professional groups, but we hear that sooner or later the nursing profession may come under such orders. It is not a big jump from nurses to interns and it may come if unhealthy conditions are maintained. The interns are in a rather unique position. Some are graduates and some are

qualified to practise and registered, yet they are considered students of medicine. They are working for the hospitals and yet for themselves to gain knowledge and experience. Some receive remuneration; nearly all receive room and board. If they are considered workers it may be claimed that they should only work so many hours per week; if they are considered students, then that they should have sufficient time off to further their studies.

A generation ago it is said that interns worked morning, noon and night with no time off. They were lucky if they got one evening a month. Besides they were there to cram in as much knowledge and experience as they could during the year, so the more hours they put in the better it was for them. Many feel that interns should be on duty most of the 24 hours because it is comparable to the physician in private practice. Others suggest that if "State Medicine" becomes generally adopted, doctors will have Sundays and holidays off, or their equivalents, and will no longer be slaves and at the beck and call of the public day and night.

From generation to generation changes come gradually. We look forward and say that it is impossible, impractical; we look back and see the much-mooted change accomplished and wonder why it was not done before. Are we now passing through that period of gradual change? If so, is the period going to be a difficult one, or will it develop without friction? The medical stu-

(*Continued on page* 48)

A CHARGE

To the Incoming Senior Class

MARGARET RHYNAS

IT WAS Burke who said: "Manners are of more importance than laws. Upon them, in a great measure, the laws depend. The law touches us but here and there and now and then. Manners are what vex or soothe, corrupt or purify, exalt or debase, barbarize or refine us. They give their whole form and colour to our lives. According to their quality, they aid morals; they supply them or they totally destroy them."

There are three distinct Epochs during the nurse's hospital training—first the bestowal of the cap; second, the senior year; third, graduation day—three golden links welded together by fidelity to all tasks, untiring energy, kindness, neatness, skill, love of the work and devoted application to ethical ideals, culminating in receiving credentials upon graduation day, which give entrance into a sacred profession as that of a full fledged nurse.

Upon this day the members of the senior nurses' class are called upon to fall into line and take up the duties heretofore performed by the graduating class. It is therefore fitting that upon entering this momentous year, the outgoing class give to you a parting exhortation, rays from the lamp of experience that you may continue to hold high all the sacred traditions of the school and ask that you strive to profit from the rich experiences of this class gained within our Alma Mater, promising to maintain at all times religious observance, dignified and kindly speech, teaching by example that it takes a good and intelligent nurse to be a good and intelligent nurse, realizing that good conduct, high ideals, sincerity and steadfastness to duty, are the mainsprings of success and inculcate confidence and trust. In leaving the school we wish to extend our good wishes to you and ask that you sincerely endeavour to carry out the foregoing behaviour to the best of your ability.

Written by Mrs. Margaret Rhynas for the Ceremony last year at Grace Hospital, Windsor, Ont. (Major Alice M. Brett, Superintendent) when the Senior Class formally took over the duties of the Graduating Class.

Czechoslovakian Hospitals

(*Continued from page* 19)

born in the lying-in hospitals. If the mother has nobody to take care of her, she is transferred with her baby to the foundling hospital. For that matter, any illegitimate baby can be admitted. The mother can stay only as long as she nourishes the infant; this rule adds greatly to the willingness to give breast feeding. The infants are carefully watched and tuberculin and Wassermann tests are taken every month. After four months the infant is weaned and put out to board with people in the country. The government pays for this support. The foster mother is obliged to take the child to the district medical officer every month and once in a year to the foundling hospital for a thorough examination. She is entitled to send the child back whenever she wishes; on the other hand, the child is taken away from her if it is not properly kept. Naturally, the real mother can get the child back at any time, provided she is able to take care of it. Many of the children are adopted by childless people or by the foster-parents. If there is nobody to take the child, it goes to an orphanage at the age of six years. Until this time it stays with the foster-parents.

The foundling homes have proved to be a social institution of great importance. The mother of the illegitimate infant, in the most cases repudiated and foresaken and without money, finds here not only a refuge but a home where she can recover. The only work she has to do is to look after her baby. She probably didn't desire the baby before it was born but now she has the opportunity to get used to it and quickly learns to like and to love it. When the baby is put out to nurse, a position is found for the mother as a wet nurse or in some other capacity.

The abundant material of the foundling hospitals offers also quite a unique opportunity to study the physiology and pathology of the infant. As a result the foundling hospitals are used as teaching hospitals for the diseases of the infant. They have also a large out-patient clinic, to which destitute mothers come for advice on feeding and for the treatment of their children when sick. These CSR foundling hospitals have been the model for many foundations of this kind in other countries.

A RESPONSE

To the Charge by the Graduating Class

Lieut. ANN SHERIFF

A FEW short months ago we stood on the threshold of our chosen profession. So few those months seem now as we look back. How timid we were! How learned and austere the seniors of that time appeared to our uninitiated minds. The future lay before us. What would it have to offer?

How well we remember reaching the first epoch in our training—the bestowal of the caps. That solemn service when our caps were placed upon our heads by our seniors while the Major read to us the exhortation, bringing clearly to our minds what was expected of us by the profession. We were probationers no longer but were one of the vast number of the revered nursing profession!

Since that time we have striven to gain the knowledge which will enable us to fulfil our avocation and do our duty as nurses cheerfully and efficiently. That we have often fallen short of the high ideals set before us we know all too well but the knowledge of our shortcomings only furthers our desire to do better.

And now we enter the second Epoch. We are to become the seniors. We have now reached that learned and august stage which caused us so much wonder and envy when we entered as probationers. It makes us stop to examine ourselves. We know the responsibility that is ours for we know that our example will mean much to those coming after us.

Therefore, graduates, it is with reverence and humility that we receive the charge you give us as you go forth to carry to the world the knowledge and principles gained during your sojourn at the hospital. From your hands we take the torch and will strive to hold it high and uphold the high standards and sacred traditions of our Alma Mater.

"Like the swell of some sweet tune,
Morning rises into noon,
May glides onward into June."

Time passes, and when next year, we will be leaving to follow you into the ranks of the graduate nurses it is our prayer that we may leave with those who follow after a worthy example.

The Role of the Hospital

In a world torn by the torture of war and rumors of wars, hospitals are Beacon Lights of unselfish devotion to humanity, a refuge for those who are afflicted, and a haven for those who are serving the sick and injured. In this turmoil of conflict, in this war of ideologies, in this upheaval of all that has been considered in the past as safe and sane, hospitals have carried on steadfastly and courageously in their war against disease and death. This is the hospital's normal state of existence, other conflicts merely add to our burden, and increase our difficulties, making our endeavours necessary for success more costly in time, effort and expenditure.

In this splendid work your hospitals have carried the torch well along the road to success, and their achievements in these trying times speak well for the interest and devotion of all concerned to the ideals of the best hospital tradition.

—William H. Delaney, M.D., Administrator, Jeffery Hale's Hospital, Quebec City.

Engineering Requirements in Construction Formulated

Part 3, entitled "Engineering Requirements", of the National Building Code has been released by the Codes and Specifications Section of the National Research Council. This is a compilation of specifications, definitions, formulae, etc., for various features of wood construction, masonry construction, reinforced concrete construction, and for steel and iron construction. Various dead and live loads for various locations and types of support and construction are defined. Requirements are outlined also for excavations and foundations, walls and partitions, floor and roof construction and roof coverings. Various methods of making tests and calculations are covered in a series of appendices.

It is the hope of the National Research Council that Part 3 will be of interest not only to those concerned with the control of construction, but to engineers generally. Recent research and resultant economies have been noted in these specifications. This bulletin, known as N.R.C. No. 971 can be obtained from Ottawa. The price is $1.75.

A Physician Analyzes the Value of Hospital Records

D. S. McEWEN, M.D.,
Medical Superintendent, St. Boniface Hospital, St. Boniface, Manitoba

THE ideal record is one that is accurately and fully recorded; filed in such a way that it may be easily and quickly available; and used whenever its use will provide necessary information.

Let us consider in turn the value of records to the *patient,* to the *hospital,* to *science,* and to the *physician* himself.

To the Patient

It may be of vital importance to the patient to have an *accurate diagnosis* made early and to have the proper *treatment instituted* immediately. This can only be done by the careful evaluation of recorded history, physical examination, laboratory and x-ray reports, and, if possible, records of a previous admission, operation, or consultation.

Previous records might also be very valuable to the patient by helping the doctor to anticipate *complications,* to determine the action of drugs on that particular case and in preventing drug *allergy.* Notes for the anaesthetist may forestall chest complications or sudden death. A record of recent tests may save the cost of repeating these. Again in a medico-legal way, accurate records (signed) may be of inestimable value in law suits, in collection of lodge benefits, in disability cases or, in fatal cases, and in protecting the interests of the family and relatives. Examples: nurses' notes on haemorrhage, sleep, pulse or luminal reactions.

To the Hospital

The majority of our Manitoba hospitals are run without intern service and must of necessity keep down their trained personnel. Everything possible, however, should be done to secure and file accurate records. The better the service to the patient and doctor, the better the hospital. The more accurate and complete the records, the more *articles* emanate from that institution. The hospital personnel can improve their knowledge and reputation by making accurate observations and recording them. A hospital should protect itself against risk of *unfavourable legal decisions* by having properly signed and witnessed records of permission for operation (especially on minors). Doctors occasionally do not back up a hospital or nurse on the carrying out of verbal orders.

To Medical Science

The benefits of accurate records to medical science can hardly be overemphasized. Impressions are notoriously inaccurate; facts recorded at the time are accurate. The greatest advantage medical science has over other and unorthodox healing cults is the balance obtained by comparing and contrasting data on large numbers of cases from different localities and by different observers.

One of the greatest medical figures of all time, Chevalier Jackson, once said to the writer:

"Always remember that one case properly worked up and recorded is worth a hundred poorly investigated or incompletely recorded cases."

To the Physician and Surgeon

Next to the patient, the doctor un doubtedly derives more benefit from records than anyone else—yet he is usually the one who is least willing to do anything about them. Taking cognizance of the fact that doctors are always busy, one still maintains that proper records are a time saver. A surgeon who has enough evidence to subject his patient to the risk and expense of an operation should take time to record that evidence *before* the operation, and make a *full* report of what was found at operation.

Not the least of the benefits to the doctor is the value of forcing himself to *crystallize his opinions.* The fact

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Many hospitals have a record librarian located in the operating suite during the busy morning hours. Here we see a desk in an alcove in the corridor of the operating suite. The librarian obtains the story of the operation before the surgeon leaves the floor and he is tempted to tarry by the inviting chair, the ash stand, the comfortable light and—er—the pleasant company. This photograph was taken by the editor when visiting the excellent Samuel Merritt Hospital in Oakland, California, of which Mr. Ellard L. Slack is administrator.

Dr. McEwen is medical director of St. Boniface Hospital. Address at 1940 Convention, Manitoba Hospital Association.

The Chapel in a General Hospital

By Rev. W. J. WALKER, Minister, St. Andrew's Presbyterian Church, Belleville, Ontario

The Chapel at Belleville General Hospital.

OUR hospital serves an exceedingly large rural constituency and patients are brought to this very complete hospital from many miles to the north of the city. Because of the great distances, relatives of very sick people have to spend several days in the vicinity of the hospital while patients are passing through the crises of their diseases. A hospital is a friendly place to those who are acquainted with therapeutic routine, but to the ordinary mortal it holds fears of the unknown. The Belleville Ministerial Association, recognizing this primitive trait in human beings, thought that if a room could be provided by the Hospital Board wherein the clergy could interview uppatients who sought their advice, or could see friends of the patients whose minds were distraught with anxiety, such might have a great psycho-therapeutic value. The clergy had no intention of interfering with the work of the physicians; the primary value of the room would be for the relatives of the patients. In the case of patients who were hovering between life and death and where it was not considered advisable for the friends to remain in the room, the chapel would be available for these friends.

The Hospital Board gladly acquiesed to the proposal and set apart a very convenient room which was then furnished by the churches of the city. In form the room is a miniature chapel, seating sixteen people. It was built in this fashion so that any persons entering might be aware of the fact that God was present and their minds would be calmed by this knowledge. They can spend a time in quiet by themselves or may desire to pour out their troubled thoughts to some clergyman. We believe that the use of this sanctuary will have its effect not only upon the minds of the relatives of sick people, but also upon the minds of the patients. Their friends, cheered and heartened from a quiet time with God, will be able to transmit this renewal of their faith to those who need cheer so badly. The chapel may be used also by any clergyman for Holy Communion for any group of the hospital staff. The chapel was dedicated by the clergy of Belleville and vicinity on March 16th last in the presence of representatives from all departments of the hospital.

The Wilcox Pavilion at the Mountain Sanatorium in Hamilton has an assembly hall in the end of which is an alcove housing a revolving stage carrying two altars; one is for the use of Protestant patients and the other for the use of Roman Catholic patients.

Improving Student Nurses' Experience in a Small School

By LOIS LETHBRIDGE, Reg. N., Supt., Portage la Prairie (Man.) Hospital

IN 1937 it was felt advisable to make several changes in the experience that our student nurses were receiving. At that time our patient daily average was about 39.5 and our student body averaged about sixteen in number. We had no general duty nurses. A new student was accepted for training as a vacancy occurred. Hours of duty were ten hours for day duty and twelve hours for night duty, with a half day off once a week and five hours off on Sunday. Student remuneration was $10, $12 and $14 per month. The student supplied her own books and uniforms.

Most of the lectures were given in the evening. After ten hours of hard work, the student was usually too tired to concentrate and absorbed very little of what was being said.

The following changes were made: (1) the method of accepting students; (2) the number accepted was increased, as our patient daily average was rising steadily; (3) general duty nurses were employed; (4) our students affiliated in Winnipeg; (5) our teaching facilities were improved. With a larger staff we were then able to put in an eight-hour day and discontinue evening lectures.

The student body was raised from sixteen to twenty-six. In addition three general duty nurses were employed in the winter and five in the summer. Remuneration was discontinued but books and uniforms were supplied. A highly beneficial 13-weeks' affiliation was arranged at the Children's Hospital in Winnipeg. At home practical demonstrations in infant and child care were linked with the ten lectures on paediatrics. All evening lectures have been discontinued.

Our present plan of experience for students is distributed in this way:

Medical wards: 7 months; 5 months days and 2 months nights.

Surgical wards: 8 months; 6 months days and 2 months nights. This includes general surgery, gynaecology and the surgical specialities.

Operating room: 3 months; 6 weeks senior (scrubbing) and 6 weeks junior. This includes experience in central dressing room.

How a smaller School for Nurses was modernized to vastly improve the training.

Paediatrics: 3 months.

Diet kitchen: 2 months.

Obstetrics: 5 months; 3 months days and 2 months nights; case room —1 month; infant care—1 month; and care of mothers—1 month.

Communicable diseases: 2 months (formerly in our isolation unit; now to be by affiliation).

Preliminary course: 4 months.

Vacation: 9 weeks.

The student nurse's experience on each ward is assigned in three periods, or one period in each year of training. Nursing duties are assigned to students by a combination of the "patient" and the "efficiency" method, which has proved most satisfactory. In the "patient" method, where the student is responsible for the entire care of a group of patients, opportunity is given to study the patient as a whole; in the "efficiency" method definite duties, such as the taking of all temperatures, is assigned to one nurse. Each student also receives instruction and practice in laboratory work, actually doing urinalysis herself, for instance, for a half-hour period daily for two months. As training in laboratory technique is most difficult to obtain in western Canada, we have, for the past two years, offered this service to one of our senior students (the one who seems best fitted for it). All of the students thus trained have been absorbed in good positions immediately upon graduation.

A daily conference or round table discussion between supervisor and students is held on various patients when the ward is least busy. Satisfactory discussions on signs and symptoms, various drugs and their effects and nursing needs and treatments are held. The case study has been found to be an excellent medium for teaching the student the care of her patient as a whole.

With our added accommodation we were able to accept our probationers this year in one group. This has facilitated teaching enormously. As an experiment we kept these students off the wards for the first two months of their probation. Their six to eight-hour day was made up as follows:

Nursing practice—3 hours
Nursing theory—2 to 3 hours
Study period—1 hour.

In the last two months of their probation these students have practice on the wards for approximately five hours daily. This procedure has been of great value to both the hospital and the student, for the probationers when introduced to the wards were able to take hold immediately with full understanding of each procedure required of them.

We hope that this year all the required hours and ward experience necessary can be given in the first two years of the student's training, leaving the last year free for affiliation.

Field observation in public health is being arranged with the public health nurse of this district.

We are enlarging on a course of

(*Continued on page* 46)

Address given at the October, 1940, convention of the Manitoba Hospital Association.

The Honour of Your Presence is Requested . . .

Lining up for the procession

Marching into the Future

"You have proved yourself worthy."

Let me help . . .
(We counted seven "helpers")

When friends congratulate.— (This last photograph courtesy C. O. Young, M.D.)

Obiter Dicta

Protecting the Interests of Those who Enlist

AS THE war proceeds and increasing calls are received for more and more men and women, the question of safeguarding the interests of those who enlist becomes increasingly of concern to those in charge of our hospitals. Doctors, nurses, technicians, office workers, orderlies, physiotherapists and others are now answering the call in ever increasing numbers. Many are leaving fine civilian posts or appointments and their enlistment involves not only the giving up of good incomes but the possible jeopardizing of future prospects for advancement in their chosen fields.

It is highly desirable to protect those who have answered the call of their country against the day when they will again don civilian clothes and once more try to gather up the threads of their former life. Many hospital boards early in the war passed resolutions agreeing to reinstate enlisted men and women in their former positions if at all possible. Others have simply agreed to reabsorb them on the hospital staff, realizing that, for a variety of reasons due to the passage of time, it might not be possible to take them back without exception into their former positions. Obviously, discretion must be used, for a hospital has obligations to its patients and their welfare as well as to former employees. Experience after the last war revealed that individuals may not be fitted physically, temperamentally or in ability, to take up their old positions after an absence doing other work for several years. Of course when employees go into munitions or other work primarily for higher wages, no particular obligation towards them may be felt.

The medical staff situation needs particular consideration. A high proportion of the doctors offering to enlist are men who served in the last war. Many of these men now hold important staff positions which mean a great deal to their professional standing. There would appear not to be much of a rush to enlist on the part of many of the younger doctors who have recently gone into practice—certainly not to anything like the extent observed last time. Some of the younger graduates are going to locations formerly served by men now in the forces. The problem is, how to be fair to those who have gone and also to these younger men, many of whom have good reasons for going into civilian practice.

Some hospitals have ruled that no permanent staff appointments will be made during the war. Any appointments made will be strictly temporary in nature, the staff positions being held available for the pre-war incumbent on his return provided he desires it back and has the ability to take over again. Several medical schools are not making any permanent teaching appointments until after the war. In a number of instances where enlisting doctors have had institutional or other part time appointments providing some measure of remuneration, their colleagues, either as individuals or as a small group, have carried on the work and turned over the remuneration, in whole or in part, to the absent doctors' families. Such spirit is most commendable.

Discipline and the Nurse

DISCIPLINE is a word which in the past few years has fallen into disrepute in some circles and has been too often looked upon with disfavour. There has been a tendency to eulogize "self expression" rather than discipline as a principle even in our educational measures.

It is inevitable that with a national war programme the idea of discipline, both for the nation and for the individual, should take on new importance in our lives. Discipline of mind and body is the *sine qua non* in military training. The result is perfect co-operation between trained members of our forces with the utmost in efficiency of action. Furthermore there is the assurance of an unbreakable morale based on the confidence that this training will not fail any man nor his neighbour.

From the time of Florence Nightingale, discipline has played an important part in the training of a nurse—and it is not always easy to take! It has often been said that the school for nurses was the last civilian stronghold of discipline. The rules and the restrictions often seem unnecessarily severe or petty to nurses in training. If wisely administered, however, these restrictions can be understood as an essential part of a training which aims to produce women who, as well as being "ministering angels", are prepared, mentally and physically, to face with determination and fortitude the many exacting situations so frequent in nursing experience. Nursing, with its constant demands for altruism and self-abnegation depends basically upon self-discipline.

The obvious prerequisite for such training is, of course, wise and exemplary leadership. As in the army, the leaders must be prepared to set a good example themselves. It is imperative that the superintendent of a training school be able not only to exact obedience from those under her, but to *lead* them: she should be able to impart to them her own pride in the long tradition of service which is the glorious heritage of the profession.

Psittacosis on the Increase

IN VIEW of the increasing frequency in humans, Dr. B. T. McGhie, Deputy Minister of Health for Ontario, has issued a warning to the profession to be on guard for unsuspected cases of psittacosis. He urges that all cases of atypical pneumonia be carefully reviewed to ascertain whether or not these might be undiagnosed cases. Although psittacosis among humans has been reported for some sixty-five years, the present outbreak was not noted in Ontario till last December. Investigation of a case in Toronto brought to light several cases of unexplained illness among breeders and owners of psittacine birds, particularly the variety of parakeet known as the budgerigar.

The province is now requiring all owners of parrots, lovebirds, burgerigars and parakeets to register full data respecting their pets. Apparantly the birds transmitting the disease may not necessarily appear to be sick, nor does the contact need to be intimate. The virus probably enters through the respiratory tract. While transmission from human to human is not common, it has been known to occur.

Psittacosis in humans is rarely recognized. The onset is sudden, with headache, chills and vomiting and irregular fever from 100 - 102° F. during the first week. During the second week the temperature rises from 103 to 105° F. The lungs are usually involved though the sputum is scant. Unlike pneumococcal pneumonia respiratory distress is largely absent. The chest signs come late and are suggestive of an atypical patchy broncho-pneumonia, often confined to one lobe. The disease may be confused with influenza, typhoid, undulant fever or pneumonia. After two or three weeks of fever a long drawn out convalescence takes place.

Laboratory diagnosis is based on a search for the infective agent in the sputum, blood or pleural fluid or by positive serological finding. Blood smears are of little value.

During the early stage of the disease it is recommended that 5 c.c. of blood be collected and defibrinated by the aid of sterile glass beads. Sputum may be collected. If the disease has continued for two or more weeks, 10 c.c. of blood may be collected as for a Wasserman test. All material sent to the Provincial Laboratory should be regarded as highly pathogenic.

A Tribute to the Civil Service

THE reference in this issue to the awarding of the Professional Institute Medal to Doctor Frederick S. Burke of the Department of Pensions and National Health calls attention to the fine work being done by that not inconsiderable group of people known as the Civil Service. Dr. Burke's studies of mortality among pensioners following the last war have been given practical application in this war by an interested government with the result that the nation should save materially on one serious item in post-war costs.

Dr. Burke is the fourth civil servant to be so honoured. Dr. J. H. Craigie of Winnipeg received the award for his work on grain rust; Mr. H. L. Seamans of Lethbridge gained it for his valuable work in controlling the pale western cutworm and Mr. Herbert Marshall of Ottawa was selected for his studies on international economics.

We are inclined to take the civil servant very much for granted. Unobtrusive and publicity shunning as they are, always acting in the name of their Minister, the general public is apt to forget that it is this great group of individuals, many of them experts of the highest rank in their particular fields, who keep the ship of state going, who provide the continuity between governments and whose routine covers a vast range of undertakings, practically unknown to the average citizen. The Ministers of the Crown themselves are the first to acknowledge their deep indebtedness to their departmental assistants in the efficient conduct of the endless details of government.

Nor does the public realize the physical strain of this endless devotion to duty. Were one free to do so, a long list could be prepared of civil servants who have broken themselves down with the strain of worry and endless hours—men and women who work behind closed doors long into the night and over week-ends and who have to be compelled to take a holiday. The late Dr. Skelton is an example of a public servant who drove himself until he dropped. One hears so much idle gossip of the "soft jobs" in government circles that it is a pleasure to testify, from long personal contact with civil servants in many federal and provincial services, that such a statement rarely applies to those holding executive or other responsible positions.

Applying "Adaptation to Environment" to Hospital Development

REMEMBER that the hospital resembles organic things and that in order to maintain itself in health an organism must be capable of adapting itself to its environment, to change when the environment changes. Experience has shown that the conditions which constitute the environment of the hospital are constantly undergoing modification; social change, community growth, scientific discovery create new demands which the hospital is called upon to satisfy. Healthy hospitals are growing hospitals, but their growth is not necessarily symmetrical. Startling discoveries are constantly opening up new lines of medical treatment which call for new space-consuming therapeutic apparatus. Nursing standards are forever advancing. Novel forms of record keeping are devised and are regarded, presently, as indispensable. A hospital which begins as a medical boarding house is eventually called upon to participate in health education, in the clinical training of medical students, in postgraduate medical teaching, in scientific research. A sudden windfall enables the hospital to add a new or larger maternity department, an orthopaedic department, a tonsil clinic, a children's health centre. Pressure is constant, from within and without, and the hospital must be in a position to accommodate itself to every reasonable demand.

—The Fundamentals of Hospital Service, by S. S. Goldwater, M.D., The Hospital Yearbook.

With the Hospitals in Britain

By "LONDONER"

Dear Mr. Editor:

The news of the retirement of Mr. R. P. Orde on account of failing health from the post of Honorary Secretary of the British Hospitals Association will be received with regret by you and many other friends of his in different parts of the Empire. Happily it is not long since that his work had received Royal recognition when he was made an officer in the Order of the British Empire. The Council have elected him a Vice-President of the Association.

The British Hospitals Association

The Association was founded at a time before the hospitals under the local authorities had attained their present standard of efficiency and public recognition, so that its membership was limited to the voluntary hospitals. In its early days the Association owed much to the wisdom of the late Lord Hambleden who recognized that strength lay in union and devoted himself to bringing them together. Perhaps the greatest work done through the Association was the formation under Lord Hambleden's inspiring guidance of the Hospital Saving Association, which holds a leading place among contributory schemes, enrolling the working classes in support of the voluntary hospitals. The H.S.A. became a large separate organization. Without the endeavour to attain this common object to hold them together their individualistic characteristics resumed their sway, especially after the loss of Lord Hambleden's guidance through his premature death. In recent years the representatives of governing bodies have not taken an active part to any considerable extent in its activities so that the bulk of its work has devolved upon permanent officials. Useful work has been done by propaganda in connection with subjects before Parliament such as payments to hospitals under the Road Traffic Act. The Commission set up by the Association under the chairmanship of Lord Sankey presented a report upon the future of voluntary hospitals which has had an undoubted influence upon public opinion.

The Nuffield Trust

The report of the Sankey Commission was the indirect, if not the direct, stimulus to the establishment of the Nuffield Trust, through Lord Nuffield's munificence, to strengthen the voluntary systems of voluntary hospitals. Its effect upon the British Hospitals Association remains to be seen. There are some who think that there is no longer any need for it. The argument is that the Regional Committees being constituted by the Nuffield Trustees will provide an efficient organization. On the other hand it is argued that as those Committees will include representatives of Council hospitals, sometimes in a majority, there will be greater need than formerly for an Association to maintain the interests of voluntary hospitals. The whole subject is causing a good deal of anxiety among their best friends and the present chairman, Sir Bernard Docker, has not an easy task.

A National Association

Another aspect of the British Hospitals Association's work is of particular interest at the present time and that is its position as a national association representative of the hospitals of the country. Some efforts have been made in recent years to establish a British branch of the International Hospital Association but conditions have not been particularly favourable and the result has not been altogether successful. Present conditions have stimulated the hope, which has already taken shape in the minds of some old friends of the International Hospital Association, that an organization might be formed to bring together British and American friends of hospitals.* Although the waging of the war is occupying an increasing amount of everybody's time and thoughts such matters cannot be left entirely out of consideration, especially as the hospital service is undergoing changes through war conditions.

Social Security

There are some who believe that the only sure foundation for better international relations of a permanent character is to be found in co-operation in an undertaking for the common good. The activities of the Health Office originally established in France and afterwards transferred under the aegis of the League of Nations provide a leading example. Democracy must show that it can safeguard the health of the people. Moreover it may be that one of the revolutions to be effected by present conditions is that the nations shall have a positive ideal of health for their people instead of merely the negative purpose of combating disease. The education of public opinion on the subject of nutrition is greatly to the credit of the International Labour Organization and the Health Office. Whether the hospital of the future is to be the health centre is a problem which may call for combined consideration in the light of the experience provided in different parts of the Empire and the United States. In the meanwhile we may all look forward to the time when either on your side of the Atlantic or ours we may meet together once again in conference.

—Londoner

If we are meant to live let us live in unity and freedom. And if we are to die, let us die for honour and freedom as so many millions of our predecessors died.

—His Beatitude, Gavrilo, Serb Orthodox Patriarch.

* When international groups met in Toronto in September, 1939, during the A.H.A. meeting following the breakdown of arrangements for the International Congress, two concrete proposals were advanced: (1) to proceed with arrangements for Pan-American unity (a bilingual Institute on Administration has been held in Puerto Rico) and (2) to organize an Anglo-American Congress after the war, to be held every two years, alternating every four years in North America and in Great Britain. (Ed.)

On the Care of the Aged

From an address by
LEWELLYS F. BARKER, M.D., Baltimore

IT IS improbable that further advances in medical knowledge will very greatly increase the number of persons who live beyond the century mark. Greater length of life is scarcely to be desired; for the major involution that occurs in all human beings is necessary for the good of the human race. One recalls the witty but somewhat paradoxical statement of Talleyrand, "Everybody wants to live long, but nobody wants to be old".

The surest way to live long is to select for oneself long lived ancestors; for longevity is exquisitely hereditary. To quote Dr. McLester of Birmingham, "The arc of the bullet is determined by the charge it receives before it leaves the muzzle".

There are two kinds of old age. In *physiological* (or natural) old age, the process of atrophy or decline in functional capacity is very gradual. Well known physical signs may be accompanied by some mental disturbances as well; the older man begins to forget names, to be less receptive to new ideas, to show increasing tendency to conservatism, to manifest some loss of memory for recent events and to find sustained attention and concentration more difficult. Fortunately, in many persons who attain to physiological old age the intellectual, artistic and spiritual faculties are long retained. One recalls Sophocles, who wrote his "Oedipus" when he was 90, Titian who produced his masterpiece at the age of 85 and Benjamin Franklin who was fruitfully active until the age of 82.

Desirable as physiological old age may be, everyone would hope to escape *pathological* old age for no one wishes to be a serious burden, either to himself or to others. Because of the marked relative increase in the number of old people in our population, serious economic problems will have to be faced. Many men of 40 or 50 are laid off because they cannot maintain the pace of modern speed-up processes. Many of these are forced to remain in the ranks of the unemployed for they find it difficult to obtain other jobs. When an older person is forced to retire, he is all too likely to grow old too rapidly. From a social standpoint, it is undesirable to impair the morale of older people and efforts should be made to make them feel that they are still useful. Unless national measures for the solution of old age problems are developed, one may see very serious political repercussions as have occurred recently in California, and Ohio. (And Dr. Barker could have added, in Alberta. Ed.)

Lewellys F. Barker, M.D.

Present-day knowledge of this slow decline in bodily functions makes it clear to medical men who care for the old that activities in their entirety should be very gradually adapted to this decline. Abrupt and profound changes in the mode of a man are likely to be harmful. At middle age all sensible people should be taught to think of what later life may have in store for them and to begin to make the adaptations that are desirable rather than postpone these to a period when the changes will have to be made rapidly rather than by degrees.

Old people who are relatively well should, whenever possible, live in their own homes for, as a rule, they will be happier there than living with relatives or in homes for the aged.

Nursing Care

When old persons become chronically ill or markedly enfeebled they can be greatly helped and comforted by proper nursing. Such persons do best to sleep in a bed about two feet high from the floor with a comfortable mattress protected in the middle by a piece of rubber sheeting or oilcloth. Daily care of the skin and of the mouth and teeth is important. Bed sores should be prevented by changes of position in bed, by avoiding prolonged pressure on any part and by keeping the lower bed free from wrinkles and from crumbs of food. An old patient should not remain too long in a strictly recumbent position because of the danger of hypostatic pneumonia; if able they should be allowed to sit in an easy chair occasionally or have the use of a backrest. When insomnia is marked it is best to avoid hypnotics like bromides and barbiturates wherever possible as older people do not tolerate them well; some find that a little whisky and water at bed-time acts as a sedative, or that a glass of hot milk promotes sleep. An electric lamp for reading and a bell for calling an attendant should be at the bedside.

The old should be cautioned against accidents. All too often we meet with fracture of the neck or femur from a slip in the tub or on the bathroom floor. Nurses and others in attendance on the old should be cheerful and encouraging and should try to gratify even the trivial desires of the patient. The patient's interest in personal appearance should be kept up. Men should shave regularly, keep their hair tidy and, if up and about, should have their clothing frequently cleaned and pressed. Women should be regu-

(*Continued on page* 38)

Dr. Barker, one of the famous group which gave Johns Hopkins Hospital its international reputation, is one of the most illustrious of the Canadian physicians who have taken up residence in the United States. These notes are condensed from an address given in February before the Tri-State Medical Association of the Carolinas and Virginia.

Legal Protection Sought by Interns

Important Conference of C.A.M.S.I. Held at McGill

A REQUEST for legal protection for interns was one of the decisions made at the very successful 4th Annual National Convention of the Canadian Association of Medical Students and Interns. (L'Association Canadienne des Etudiants en Médecine et des Internes), held at McGill University in March. The three-day convention was an outstanding success from the viewpoint of both programme and attendance.

Pointing out that duly qualified and licensed interns in many Canadian hospitals are not protected by membership in the Canadian Medical Protective Association or by any other insurance, that interns are frequently named as defendants in mal-practice suits and that such protection would seem to be the responsibility of the hospital trustees, a committee was authorized to prepare a memorandum to be circularized among the hospitals concerned, requesting the hospitals to assume responsibility for the cost of membership in the Canadian Medical Protective Association of their licensed interns and that non-licensed interns be protected by some other form of insurance.

Under the chairmanship of Joseph Wever, McGill vice-president, who presided in the absence, through illness, of Donald Lloyd-Smith, a number of very fine papers were presented in three large open meetings. Dr. Grant Fleming of McGill stressed the great social and economic burden which syphilis places upon Canada and its people, and the importance of the present campaign by the medical profession in Quebec to obtain adequate legislation. Professor Albéric Marin of the Université de Montréal presented the pathogenesis of syphilis and reported on his recent work in chemopyretotherapy. Surgeon-Lieutenant J. W. MacLeod and Professor John R. Fraser of McGill discussed the inadequacy of medical care in Canada, Dr. Fraser reviewing the two-year study carried out in Manitoba.

At the open session on nutrition, Dr. E. W. McHenry of Toronto reviewed the work of the Canadian Council on nutrition and outlined its minimal standards for an adequate diet. He analyzed dietary deficiencies in Canada by economic levels, revealing the acuity of the problem. In discussing proposed solutions, Professor David L. Thompson of McGill emphasized the necessity for agricultural planning to meet the country's nutritional needs and stressed the fact that physicians must recognize subclinical dietary deficiencies and their importance in a programme to raise the standard of the people's general health.

At the open clinical session, Professor Wilder Penfield of McGill discussed epilepsy, presented several cases and showed the recent motion picture on the subject made at the Montreal Neurological Institute. Professor Jonathan C. Meakins, Honorary President of the National Advisory Board, in discussing rheumatic fever, drew an interesting parallel between tuberculosis and rheumatic fever in the application of sanatorium care to their treatment. The value and interest of the open meetings were greatly enhanced by several excellent motion pictures furnished by the United States Public Health Service.

Student Health

The health of medical students came in for considerable discussion. Realizing that the supervision of medical student health in most universities is not nearly as thorough as that, say, of pupil nurses, that they are exposed far more than the average student to communicable diseases and that the arduous nature of the course makes them unduly prone to break down it was agreed by resolution that the minimum requirements for an adequate health service for medical students should be:

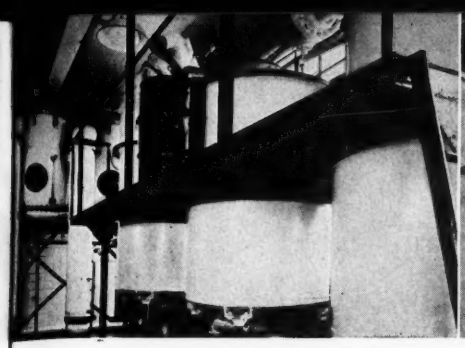
(a) Physical examination of all students on admission;
(b) Routine urinalysis, Wasserman, and Schick tests on admission;
(c) Special diagnostic facilities when indicated;
(d) Immunization against smallpox, diphtheria and other diseases where deemed necessary, on admission or during the preclinical years.
(e) A tuberculosis control programme consisting of:
    1. Chest plate and tuberculin test of all students on admission;
    2. Positive reactors to have chest plates taken annually;
    3. Negative reactors to be retested twice annually in the clinical years;
    4. Individuals whose reaction changes from negative to positive to have chest plates twice annually for a period of five years, or until graduation;
    5. Chest plates available for students with symptoms which suggest early tuberculosis.
(f) A dispensary or clinic service be available to medical students, and that records of services rendered be kept on the individual's chart;
(g) A hospitalization insurance scheme, preferably underwritten by the university so as to avoid the high cost of private insurance.

The CAMSI Committee of the University of Manitoba has been empowered to make a study of medical student health across Canada.

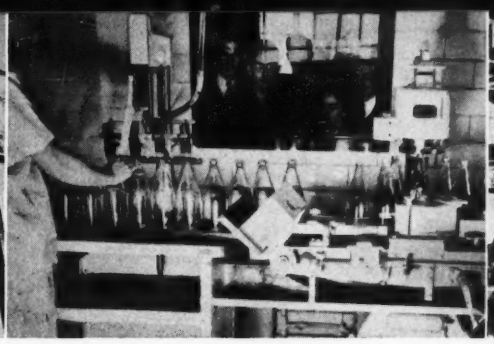
Classification of Internship

In view of the difficulty of obtaining uniform terminology for internships because of the fact that in some colleges it is an under-graduate one, whereas in others it is a matter of graduate arrangement, it was agreed to suggest that junior internship should be "the first year's residence in hospital whether as a graduate or a final year undergraduate" as arranged in certain schools. Senior internship should be "the second year of residence in hospital whether this is the second year after graduation, or immediately after graduation".

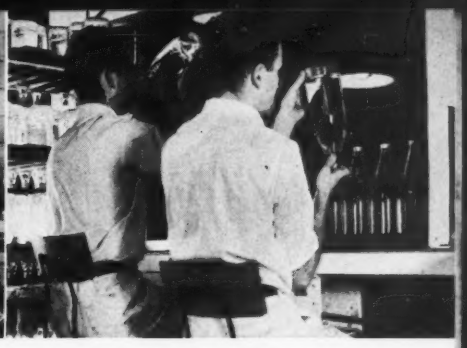
(*Continued on page* 48)



1. The equipment for the preparation of litre solutions. These tanks are carefully sterilized with live steam as soon as each lot is completed.



2. Air in the litre solution filling room is kept constantly pure by filtration through the oil film.



3. Containers are all inspected individually to discover the presence of any foreign matter.

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Abbott Intravenous Solutions are guaranteed to be STERILE, STABLE and SAFE. They are prepared from chemicals of the highest quality and from chemically pure water. Moreover, they are altogether free from all impurities, including pyrogens.

Representative samples from each manufactured lot of Abbott Intravenous Solutions are tested for sterility by the same critical test which the Government prescribes for biological products. Abbott Solutions are very low in latent acidity and contain no buffers. Preservatives are not used.

Litre Containers

Intravenous solutions are furnished in the Abbott Container, a bottle specially designed to resist high steam pressure sterilization. Its outer protective seal gives positive assurance of sterility. The inner cap is easily removed by the fingers, without danger of contaminating the lip of the bottles. When the cap is removed, there is no inrush of air to carry spores of air-borne bacteria or molds. Moreover, there is no rubber contact with the solution—no "rubber" odor or taste.

New Technique and Equipment

The new and original technique introduced by the Abbott Laboratories has been devised by our Research Staff after several years of experimentation in the largest clinics of this continent. Every detail has been studied in an endeavour to eliminate any loss of time on the part of those who use the Abbott equipment.

Our representative will be very pleased to give a demonstration of the New Abbott Intravenous Solutions and Abbott Equipment.

4. The absence of pyrogenic effect in every lot of Abbott intravenous solutions is demonstrated routinely by intravenous injection of samples of the solutions into rabbits, the rectal temperature of the animal being taken every hour before and after the injections.

5. Following final sterilization, intravenous solutions are again inspected under strong light for foreign particles.

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Here and There

By THE EDITOR

The Workman is Worthy of His Hire

ONE of the difficulties in trying to attract capable individuals with adequate training for administrative and other posts in hospitals has been the low salaries so frequently set by trustees who do not always seem to appreciate the importance of such highly specialized work, or the fact that the right individual properly paid should be able to more than save his salary.

A recent example is that of a hospital in a small town in Ontario which in March advertised for a manager and secretary-treasurer. The individual would be expected to put in about three hours each morning at the hospital. There had been a division in the board over the fifty dollars a month agreed to be paid for this position, resulting in the resignation of the individual selected. After considering a number of further applications, the board finally reappointed the man previously selected, a man with twenty years experience as the hospital treasurer, at the reduced figure of thirty dollars per month.

* * *

Sulphanilamide Not a German Discovery

Those who think that most of our medical discoveries can be traced back to Germany and who have believed that prontosil and sulphanilamide were German discoveries are in error. It is true that Gerhard Domagk reported the use of prontosil in 1935 as a means of combating streptococcal infection in animals. This, however, was not announcing the discovery of a new drug. Actually, prontosil had been given an English patent back in 1920 when it was registered as a textile dye. A related compound, sulphanilamide, had been made as far back as 1908. The first use of this group of chemicals as a bactericide was reported back in 1919 in the Journal of the American Chemical Society. It remained, however, for the German investigator to act upon these observations and apply them to combating streptococcal infection.

Low Medical Standards

Because of the high esteem in which most of us have always held Boston and the state of Massachusetts, it comes somewhat as a shock to hear it stated before a state legislative committee that the licensing standards there are "probably the lowest in the country". An effort is now being made to raise the requirements for the practice of medicine in that state. One reason for these standards may be the continuance in that state of two unrecognized medical schools, the College of Physicians and Surgeons in Boston and the Middlesex College of Medicine and Surgery at Waltham. The other three medical schools, all located in Boston, Harvard, Tufts and the Boston University School of Medicine, are approved.

* * *

On Keeping One's Blood Stream "Purely Personal"

We thoroughly enjoy literature that comes to us for our edification from an ardent supporter of the anti-vivisectionist movement. "Rev. Dr. —," who claims to be a healer, a humanitarian and a vegetarian, and practises Yogi in his spare time, has sent us a most solemn pledge:

"I would scorn to accept any "life-prolongation" from Vivisection — Cruelty Pus-Products! If any 'Fatal Illness' menaces me, I'll await, and meet, such eventual Death, my Purely-Personal, Human-Blood-Stream, absolutely NON-POLLUTED by filthy 'ANTI-TOXINS', (Etcetera,) tortured out of made-sick, agonized, Animals!

"SO HELP ME GOD!
"I SWEAR IT!
"AMEN: SO BE IT!"

The funny thing about all this is that the vast majority of people who would likely sign such a pledge would be among the first, should illness overtake them, to demand sera, vaccines, the newer drugs, endocrine therapy, vitamin therapy, and even electro-therapy, roentgen therapy and other modern developments which have depended in whole or in part for their perfection upon animal experimentation.

Dr. Charles Best to Succeed Sir Frederick Banting

The new director of the Banting-Best Department of Medical Research of the University of Toronto will be Dr. Charles Best. This appointment to one of the leading research positions in Canada will be a popular one, not only because of Dr. Best's early and continued association with Dr. Banting in many of his research problems, but because of the outstanding ability of his own work as teacher and research worker in physiology.

The Banting Institute is more than a department of one university. In many respects, like the National Research Council in Ottawa, it belongs to the whole of Canada. Financed in the beginning in part by assistance from many quarters, this Institute has been a stimulus to medical scientific research throughout Canada, but it has also provided space, equipment and counsel for many research workers who have been given permission to carry on their work in the Banting Institute.

Dr. Best, a "bluenose", although he did happen to be born in Maine of Canadian parents, will retain his post as professor of physiology, but will relinquish the chair of physiological medicine and the assistant directorship of the Connaught Laboratories.

* * *

England's War-Time Morbidity Figures Less than Those of Peace-Time

An American Red Cross official told delegates at the national conference held in Washington recently that England's war-time loss of life is actually less than in peace-time. This is accounted for "by taking automobiles off the highways, by exercising caution in the home and in industry, by improving diet, by safeguarding self and community from the threats of epidemics through sanitation, vaccination and immunization, the English are saving more lives than their enemies are able to take."

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Ontario Hospital Association News

Victoria Hospital at London to Open Addition This Month

May 26th has been announced as the date for the official opening of the new wing of the Victoria Hospital at London. Dr. Leonard George Rowntree, a native of London and now famous for his work in medical research in the United States, will officially open the new wing. Dr. Rowntree, who is a graduate of Western University and interned at the hospital 35 years ago, was recently chosen by President Roosevelt to head the medical division of the United States selective service organization.

Dr. Fred Routley at Desk Again

We are glad to note that Dr. Fred Routley is well enough to return to work and we hope that his enforced rest taken under doctor's orders will enable him to carry on with his heavy administrative duties in connection with both the hospitals and the Canadian Red Cross Society.

Mr. Gordon Friesen Resigns to Enter Air Force

Mr. Gordon Friesen, administrator at the Belleville General Hospital for the past three and a half years, has resigned to enter the Royal Canadian Air Force. During Mr. Friesen's tenure as superintendent the hospital was completely reorganized and a new 43-bed wing was added. Mr. Friesen will hold the rank of Pilot Officer in the Air Force.

Sister St. Flavie Domitille Superior at Ottawa

After more than thirty-one years of service at the Ottawa General Hospital, where she began her training, Rev. Sister St. Flavie Domitille has been named superior of the institution. Sister St. Flavie has been superintendent of nurses at the hospital for some years and succeeds Rev. Sister St. Tharcisius, who was appointed superior at Buckingham Hospital, P.Q. Sister Helen of Rome will take over the position of superintendent of nurses.

Survey of McKellar General Hospital Recommends Additions

The report of a survey of the McKellar General Hospital, Fort William, made by Dr. Harvey Agnew of Toronto, recommends that in view of the lack of adequate accommodation, a 100-bed wing be added to the hospital. Extra space is needed for x-ray and dietary services, clinical records, laundry and boiler plant. It was recommended also that a new nurses' residence be built rather than add a wing to the present residence.

Hospital Aids Donate Cheque for Recreational Work for Troops

Mrs. Margaret Rhynas, president, and Mrs. D. Dworkin, secretary of the Women's Hospital Aids Association of Ontario last month presented a cheque for $1,000 to the Citizens Committee for Troops in Training, in Toronto. Lady Kemp, Mr. C. L. Burton and Mr. J. S. D. Tory accepted the cheque for the committee. The donation was the second to be made by the Association.

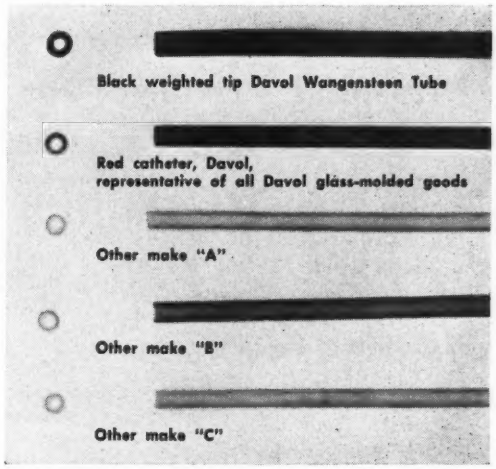
East Windsor Hospital Plans Extension

Dr. P. J. G. Morgan, medical superintendent of the East Windsor Hospital, has announced that plans have been made to provide 25 additional beds.

First Patient Under Ontario Plan for Hospital Care

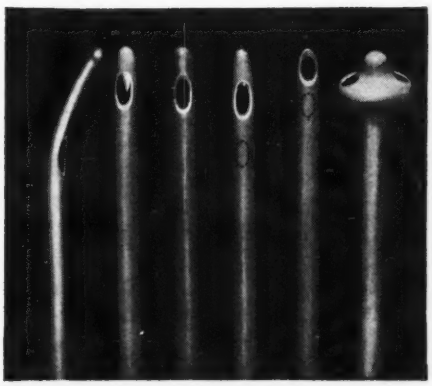
Nine-year old Sam Beattie of Toronto had the honour of being the first patient to be hospitalized under the new province-wide plan for Hospital Care. Mr. Norman Saunders, Director of the plan, the head office of which is located in the Excelsior Life Building, Toronto, reports a flood of inquiries concerning the details of the plan and exceedingly satisfactory enrolment to date.

An X-Ray Looks At Catheters



The comparative opaqueness of Davol glass-molded rubber goods to X-Ray and fluoroscope is shown in this reproduction of an X-Ray made under laboratory conditions comparable to those of actual use. Davol catheters and other glass-molded products are made of an antimony-rubber compound which gives them permanence of color and ability to withstand repeated sterilizations and hard usage.

Davol merchandise is distributed in Canada by the Wholesale Surgical Supply Houses through Seiberling Rubber Co., of Canada, Ltd.



Catheter Styles, *left to right*:

Coude, solid, olivary tip, one eye
Sizes: French scale 12 to 22
Solid tip, depressed eye
Sizes: French scale 8 to 30
Stilette tip, one eye
Sizes: French scale 8 to 30
Robinson-style, stilette tip, two eyes
Sizes: French scale 8 to 30
Whistle-tip-style, one eye
Sizes: French Scale 14 to 30
Pezzer, mushroom-tip-style, two eyes
Sizes: French scale 12 to 36

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Gentlemen: You may send my copy of "What to Look for in Glass-Molded Rubber Goods" to the following address:

Name .....

Address .....

City ..... **Prov.** .....

Care of the Aged

(*Continued from page* 31)

larly manicured, have their hair waved occasionally and be encouraged to keep themselves well groomed by telling them how well they look.

The diet should undergo some change as life advances. It is better to be a little under- than over-weight when old. Many persons become faddists about foods because of the extravagant claims of charlatans or because of the advice of well-meaning but over apprehensive relatives who insist upon special diets. If an all round diet be regularly taken there will be no food deficiencies and such diet would contain all necessary vitamins and mineral salts. The public has been almost too greatly "vitamin conscious" in recent years. Surgery in the old is to be avoided, of course, whenever possible, but it is amazing how well aged patients tolerate major surgery if they are properly prepared before operation and are given good care afterwards.

Philosophical Considerations

Speaking personally as to ultimate philosophical considerations, I can truthfully say that I was more concerned with them in my youth than I have been during my approach to senescence. I am reconciled to the fact that the duration of human life is definitely limited but I shall be glad to continue to live as long as I can be professionally and socially useful, hoping, however, that when usefulness is over, release may come painlessly and all the better if suddenly. I am grateful for having been privileged to live during a marvellous period of medical and scientific advances. I am daily thankful that it has been my lot to live in this country rather than a country that is under an iniquitous totalitarian government. I greatly enjoyed reading *Gone With the Wind.* Among my pet diversions are solving crossword puzzles, wrestling each weekend with a double acrostic in one of my favourite journals and participating in an occasional game of contract bridge. Even to the Lucullian pleasures I am not wholly indifferent, for I enjoy a mild cigar after each meal, a glass or two of good wine at a dinner party and fried chicken of Maryland! With R. Tait McKenzie the noted sculptor, who looked upon old age favourably for its gain in physical and mental poise, for its accumulated experience in skills, for its knowledge of ways of saving mental and physical energy, and for the satisfaction of doing well and easily things that younger men have to struggle over unsuccessfully, I must admit that I have "had a good run" and that I should be willing to "call it a day". For my friends I can wish nothing better than that they may have as many happy memories as I have when they approach the sunset of their lives.

Hospital Privileges for Rural Doctors

Should the Out-of-Town Doctor be on the Staff?

Dear Sir:

In an effort to control surgery, it has been suggested that the privileges of the local hospitals, particularly with respect to surgery, be granted only to doctors practising in the city. This would apply to private as well as staff patients. Is this advisable? Have we the authority?

Sister — —, Reg. N.
Superintendent.

THIS is a proposal that is very far reaching and should be decided only after analyzing the situation from various angles. The welfare of the patients, the reputation of the institution and the effect upon the doctors must be considered.

To answer your last question first, you have the necessary authority to make this ruling, subject in your province (Ontario) to the approval of any such change in your by-laws by the provincial Department of Health. An exception, in the case of some hospitals, would be where the papers of incorporation specifically state that any duly licensed practitioner in the province (or the township or county) shall have hospital privileges.

Whether it is desirable or not is another matter. It is hardly fair to arbitrarily close the hospital to doctors who happen to practise ten miles away in a neighbouring town or village, if distance be the only factor. To deny hospital privileges to doctors who choose to settle in rural rather than urban centres is not fair to those doctors for whom practice has already created hardships not encountered to anything like the same degree by city practitioners. Within the limits of their skill and their ability to maintain follow-up treatment, rural doctors should be permitted reasonable hospital privileges. To deny them some hospital privileges, so essential to good practice, is unfair to their patients and is the surest way of encouraging poorly equipped unsupervised private hospitals.

As a general rule, doctors in villages near small cities like yours are not admitted to the active staffs, or at least do not assume ward duties, but may be placed on the courtesy staff subject to certain restrictions. If they have had a sound surgical or obstetrical training and are considered thoroughly competent, they may be permitted to do their own private surgery or obstetrics, provided there be an arrangement with a local doctor to provide prompt attention in case of hemorrhage or other emergency. For serious medical cases, too, such as pneumonia, typhoid fever, etc., a local medical adviser should be named. In some hospitals, certain out-of-town doctors may be named to the active staff without public ward rotation duties; others may be named to the courtesy staff with limitations as to surgery and operative obstetrics.

The control of work on the *private* wards is a desirable development, but should not be limited to that by out-of-town doctors. *All* private work should be under the general supervision of the organized medical staff. While the hospital does not have the same legal responsibility to protect the private patient from poor medical care as it does the public patient for which it undertakes to provide the medical care, nevertheless there is a real moral obligation to protect these private patients and the reputation of the hospital and its staff against dubious work.

All appointments, too, should be on a yearly basis. This makes it easier to change the status of an individual should such prove to be indicated. —G.H.A.

Hospital Capacity 102,897 Beds

1600 New Beds Added in 1938

ACCOMMODATION in Canadian hospitals, apart from tuberculous and mental hospitals, was increased by over 1600 beds during 1938, according to the latest annual report of hospitals in Canada, issued by the Institutional Statistics Branch of the Dominion Bureau of Statistics. This increase was the result of the opening of 27 new public and 26 private hospitals.

Total bed capacity in Canada, including sanatoria, Dominion and mental hospitals was 102,897. The 611 public hospitals which have bed accommodation for 50,074, include the following types of hospitals:

486 general
11 women's
11 paediatric
16 isolation
11 convalescent
39 Red Cross
20 Incurable
17 (not subject to classification under the above headings)

Patients Under Care

A total of 920,362 patients were under care during the year in public and private hospitals. The Dominion hospitals (pensions, National Defence, Indian Affairs, leper, etc.) cared for 16,643 patients.

Of 903,141 total admissions, public hospitals accounted for 856,202. Private hospitals had 30,442 admissions, Dominion hospitals 14,302 and tuberculous units in general hospitals 2,195.

Discharges totalled 868,388. Infant births in hospital totalled 94,347 and there were 3,206 still births.

Total deaths (33,712) formed 3.6 per cent of total patients under care.

Average Daily Stay Decreasing

The average daily stay of patients in public hospitals was 15.1 days for adults and children, and 12.0 for newborn infants, as compared with 15.3 for adults and 12.5 for infants in 1937. The average daily stay for adults, children and infants for 1938 was 14.8. Over the five-year period from 1934, when this figure was 16.5, the average daily stay has shown a steady decrease.

Personnel

A total personnel of 36,823 served the public hospitals. Approved schools of nursing were conducted by 179 hospitals, of which 177 were public hospitals. These schools had a total of 9,467 student nurses and probationers, with an average of 2.6 patients to each student nurse.

Of the 611 public hospitals, 302 have organized medical staffs, but only 34 of the 267 private hospitals have an organized staff.

X-ray departments were reported in 519 of the 847 public and private hospitals, clinical laboratories were reported by 333 and physio-therapy departments by 241. Of the 610 public hospitals 75.1 per cent (458) had x-ray departments, 48.0 per cent (293) had clinical laboratories and 32.8 per cent (200) had physiotherapy departments.

The 39 hospitals that reported both treatments and number of patients for organized out-patient departments showed that 416,669 patients received 1,337,439 treatments or an average of 3.2 treatments per patient.

Social service departments were reported by 41 hospitals, with 103 paid workers. General public hospitals had 56.1 per cent of the total social service departments reported.

Miss Helen Randal Retires

It will be a matter of deep regret to her host of friends and admirers in the nursing, hospital and medical fields that Miss Helen Randal, Registrar and Inspector of Training Schools in British Columbia for the past 23 years, has retired. Miss Randal organized the Graduate Nurses Association of British Columbia in 1912, which organization later developed into the Registered Nurses Association. Her career after graduation from the Royal Victoria Hospital, Montreal, included two years of private nursing, administrative work in the United States and the superintendency of nurses at the Vancouver General Hospital. In 1916 she was appointed editor and business manager of *The Canadian Nurse* and successfully brought that publication through an extremely difficult time. In her work in British Columbia she has made a very fine contribution, not only to the nursing profession but to the welfare of hospitals and the general public as well.

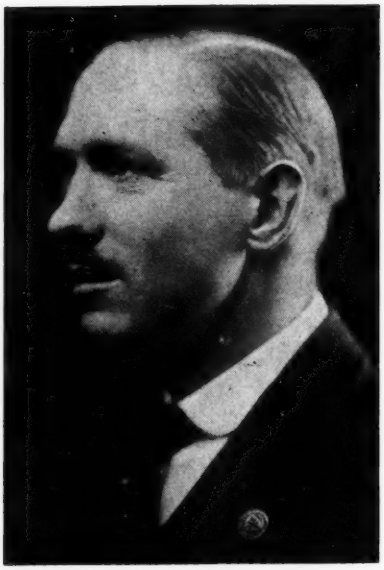
Miss Evelyn Mallory, superintendent of the Children's Hospital of Winnipeg, succeeds Miss Randal. Both Miss Randal and Miss Mallory have contributed to the work of the Canadian Hospital Council Committee on Nursing reports.

Tuberculosis to be Wiped Out by 2000 A.D.

Dr. Henry D. Chadwick, president of the National Tuberculosis Association (United States) has predicted that by the year 2000 tuberculosis, "the white plague" will be wiped out. Dr. Chadwick's prediction is based on the decline of the death rate from tuberculosis since the beginning of this century. Assuming that the average decline of approximately one-third every decade continues, the tuberculosis death rate would be 32 in 1950, 21 in 1960, 14 in 1970 and, 40 years from now in 1980, a rate of 9 or 10 may be anticipated. "The bells that ring in 2000 may sound the death knell of the tubercle bacillus."

Dr. F. S. Burke Highly Honoured

Receives Professional Institute Medal



In recognition of a unique study of the mortality among war pensioners, particularly those suffering from tuberculosis, Dr. Frederick S. Burke has received the Professional Institute Medal awarded annually for outstanding contribution in "research, administration, or industrial organization by a member of the professional services of the Provincial or Dominion Governments". Dr. Burke is on the staff of the Department of Pensions and National Health and the findings of his study (which was finished before the present war began) have had far reaching influence on the medical conduct of the second great war.

Dr. Burke, who is a native of Fergus, Ontario, graduated from the University of Toronto in 1911 and saw extended service overseas during the first Great War. Prior to joining the staff of the Department of Pensions and National Health, he was Director of Medical Services in the Toronto Health Department.

The study revealed important evidence which suggested that boys under twenty should not be subject to the rigours of front line service and that enhanced diet would add greatly to the efficiency of the young soldier and prevent the breakdown of many through deficiency diseases. Steps have already been taken to ensure the carrying out of these suggestions.

Dr. Burke also originated and developed the Standard Morbidity Code for Canada which has been accepted as both Morbidity Code and Standard Nomenclature for the Army Medical Services and has been adopted by the Department of Pensions and National Health. This means that the same code numbers indicating illness or injury are carried through from the Army to the Pensions Commission and to the Treatment Branch of the D.P.N.H. This is considered to be the greatest advance yet made towards uniformity of Army Medical Records.

Error in Diagnosis Costs Doctor $50,000

A New Jersey Circuit Court jury has assessed a New Brunswick, N.J., doctor $50,000 for failing to diagnose pregnancy and as a result being held responsible for idiocy of a five-year old boy. It would appear that the doctor gave the mother x-ray treatments for an abdominal tumor not realizing that she was pregnant. The child was awarded $35,000 and the parents $15,000. While the American scale of awards is often much higher than the amounts assessed in Canadian courts, the principle involved might readily apply. This case indicates the extreme importance of carefully differentiating between tumors and pregnancy. Reports do not indicate whether or not the blood sedimentation test to differentiate was made.

Hospital Care Plan Curtails Benefits

The West Coast General Hospital, Port Alberni, British Columbia, has revised its contract for hospital care with both the group and individual members covered under the hospitalization scheme operated by the hospital. The changes, which consist of curtailment of benefits in maternity and x-ray and surgical cases, were made necessary by continued financial loss to the hospital through the group accounts. Maternity cases, inclusive of complications, will no longer receive the benefits of the hospitalization plan and a charge of $35.00 will be made to cover routine care in a public ward for ten days from day of admission; this to include case room facilities. Additional days' care will be charged for at regular rates. The formerly allowed discount of fifty per cent off usual rates for x-ray services and operating room facilities is also discontinued.

Hospital to be Opened at Grand Manan

Funds are now being raised to equip and open a hospital on the Grand Manan Island in the Bay of Fundy near St. Stephen. These picturesque islands were described in the March issue of the Canadian Geographic Magazine. A small 10-bed hospital is to be opened in the near future on property donated by Mrs. Frank Ingersoll and the hospital will be operated by the Red Cross as an outpost hospital.

Westminster Hospital Pavilion Opened

The new $500,000 active treatment pavilion and two hospitalization units of Westminster Hospital at London, were officially opened on the 28th of April by Hon. Ian Mackenzie, Minister of Pensions and National Health. Dr. R. E. Wodehouse, deputy minister was also present and Col. the Rev. William Beattie dedicated the building. The new wing of Canada's largest military hospital will be used for the Active Service forces of Military District No. 1. The pavilion provides accommodation for 103 beds and has x-ray laboratory, dental, physiotherapy and eye, ear, nose and throat clinics. The hospitalization units will have space for about 300 beds, raising the hospital's bed accommodation to 1334.

Physical Activity and Fatigue

(*Continued from page* 16)

and sports of all kinds, dancing and swimming. The objectives to be fulfilled by such procedures may be appreciated from the definition of what is known as Physical Education in the Calendar of the Course in Physical and Health Education at the University of Toronto. It reads:

"Physical Education is that phase of the process of education which is concerned with the physical, mental, and emotional effects upon the individual, brought about by participation in physical activities. By means of these activities, not only muscular development is attained but the quality of all the structures of the body is improved and their physiological functioning and nervous control increased and developed.

" 'Physical exercise should have as its purpose increased responsiveness of the whole mechanism of nervous co-ordination, the development and stimulation of courage and resourcefulness, the expression of personality, the capacity for self-discipline, and the spirit of emulation and even adventure. Body and mind must be brought jointly into motion; ethics and ideals must rank as equally desirable with physical fitness.' "

Physical Education Desirable for the Student Nurse

The introduction of Physical Education into Training Schools being conducted with the present two shifts of nurses in 24 hours would be extremely difficult, but I trust that the 8-hour system, which has been introduced into many hospitals in this and other countries, will become common practice here and thereby enable adequate steps to be taken for promoting the health of the nurse in training. The maintenance and preservation of the health of the nurse will only be attainable by the application of scientific knowledge now available during the course of training through which she must pass in order to become an R.N.

Oshawa Hospital Wing Completed

The new $100,000 addition to the Oshawa General Hospital has just been completed. The wing will be known as the Sykes' Memorial Wing.

Superintendent at Peterborough Retiring

Mrs. Elizabeth M. Leeson, superintendent of the Nicholls Hospital at Peterborough, Ontario, for some years, is retiring. Her retirement will become effective June 1st.

Superintendent Enlists as Nursing Sister

Miss Violet Kidd, superintendent of the Cottage Hospital, Niagara-on-the-Lake, Ontario, has been granted leave of absence in order that she may enlist as a nursing sister. Her place is being taken by Miss McDonnell.

New Superintendent at Rocky Mountain House

Miss Hildur Hermanson is the newly appointed matron at Rocky Mountain House, Alberta. She succeeds Miss Irene McRae, who resigned to be married.

Ottawa Clinic Cancer Cases Increase

The Ontario government has increased the grant to the Ottawa General Hospital for its cancer clinic by $2,500.

Hospital Under Construction at Bourlamaque

A new 3-storey hospital is being built by the Lamaque mine at Bourlamaque, Quebec. The hospital will have 11 beds and will include operating rooms, x-ray department, doctors offices and service departments. The building will be completely fireproof.

Schools for Laboratory Technicians Approved

The recently formed committee of the Canadian Medical Association to approve laboratories as schools for the training of laboratory technologists is now considering the qualifications of a number of hospital laboratories for which applications for approval have been made. To date the committee has reported favourably upon the following schools:

VICTORIA GENERAL HOSPITAL, HALIFAX, N.S.
(Provincial Pathological Laboratory) Dr. Ralph P. Smith, Director, Approved for both general and specialized training.

ST. MICHAEL'S HOSPITAL, TORONTO, ONT.
Dr. William Magner, Director, Approved for both general and specialized training.

HAMILTON GENERAL HOSPITAL, HAMILTON, ONT.
Dr. William J. Deadman, Director, Approved for general training.

Changes Made in Chilliwack General Nursing Schedule

Nurses at the Chilliwack General Hospital, Chilliwack, B.C., were put on a six-day-a-week, one-full-day-off working schedule on May 1st. The new schedule involved the engaging of five extra nurses and two ward aids and the staff now consists of a matron, assistant matron, two operating room nurses, one laboratory nurse and 17 general duty nurses. Holidays for the nursing staff have been reduced from a month with pay to two weeks with pay. In the old hospital, 12 nurses were employed ordinarily, with two to four nurses being brought in when the hospital was carrying a peak load.

North Bay Civic Hospital Acquires New X-ray Equipment

The North Bay Civic Hospital recently installed a diagnostic x-ray unit which makes a much more thorough service available. Miss Janet Napier, Reg. N., has been employed by the hospital to act as x-ray technologist. The plates are sent to Sudbury for interpretation by Dr. C. L. Crang.

Hospital Opened at Magrath, Alberta

Magrath Hospital at Magrath, Alberta, was opened on May 1st. The 10-bed hospital is the first one to be operated in the community.

John L. MacIsaac, M. D.

Dr. John L. MacIsaac, who had had a long and intimate connection with the work of St. Martha's Hospital, Antigonish, as its chief surgeon, died at the age of 71, on March 27th at the hospital. Dr. MacIsaac was a graduate of St. Francis Xavier College and of Johns Hopkins University. He graduated in 1907 and has practised in Antigonish since that time. He was well known as a surgeon, his skill bringing him an international reputation. He was keenly interested in politics and on several occasions represented his constituency in the House of Assembly. His death is a severe loss to his community.

Twenty-One Years of Service Recognized

In recognition of twenty-one years to the Wadena Union Hospital, Wadena, Saskatchewan, the hospital board recently made a presentation to the secretary-manager, Peter L. McLean.

Chronic and Convalescent Hospital Completed

The Mount St. Mary Hospital, Victoria, British Columbia, for the care of convalescent and chronic patients, was opened in April. The hospital which has accommodation for 100 patients is a unit of St. Joseph's Hospital and is operated by the Sisters of St. Ann.

Improving Student Nurses' Experience in a Small School

(*Continued from page* 26)

lectures and demonstrations that we started last year on the carrying out of hospital technique and procedures with the equipment found in a home. The students have found this plan interesting and most beneficial. So many graduate nurses do excellent work in hospital but are absolutely at sea when they get into a home. Our students, too, receive from 10 to 12 lectures in psychiatry, with extra demonstrations at the Manitoba School for Mental Defectives, from Dr. H. S. Atkinson, the superintendent. As a preliminary to those lectures this year we are introducing a course of lectures in psychology and mental hygiene.

The eight-hour day for student nurses, now followed here, is proving of benefit both to patients and to the nurses.

COMING CONVENTIONS

May 12—National Hospital Day.
May 12-16—National Fire Protection Association (International) Toronto.
May 14-17—Refresher Course in Mental Hygiene, School of Nursing, University of Toronto.
June 9-14—Institute on Hospital Accounting, Bloomington, Ind.
June 9-14—Institute on Hospital Purchasing (A.H.A.), Baltimore.
June 16-20—Catholic Hospital Association, Philadelphia, Pa.
June 23-27—Canadian Medical Association, Winnipeg.
June 25-26—Prairie Provinces Conference, C.H.A., St. Boniface, Manitoba.
July 2-3—New Brunswick Hospital Association and Hospital Association of N.S. and P.E.I. (Joint Meeting) Halifax.(?)
August 13-27—Institute on Hospital Administration, Chicago.
September 10-11—Canadian Hospital Council, Montreal.
September 15-19—American Hospital Association, Atlantic City.
October 8-10—Ontario Hospital Association, Royal York Hotel, Toronto.

Appointments and Resignations

Miss Barbara Peterson, matron of the King's Daughters Hospital at Duncan, British Columbia, has resigned to be married.

* * *

Dr. E. M. Crawford, formerly radiologist at the Montreal General Hospital, has been appointed chief radiologist of the Homoeopathic Hospital of Montreal. Dr. G. T. Adams, radiologist at the Homoeopathic has accepted a commission as radiologist with the R.C.A.M.C.

* * *

Miss Flora A. George, Reg. N., has been appointed superintendent of the Victoria Public Hospital, Fredericton, New Brunswick. Prior to this appointment, Miss George was Director of the Nursing Service Bureau in Montreal.

Men of character do not employ "escape" methods during a crisis; they combine reason with action. It is pardonable to discuss and philosophize during the planning period, but when "Things are in the saddle, riding mankind", all talk which has no outlet in performance is vain.

—President Conant of Harvard.

Construction

Construction on the $400,000 tuberculosis sanatorium near Sardis, B.C., is proceeding under the direction of the federal government.

* * *

Van Egmond and Storey are architects for a proposed 60-bed hospital at Melville, Saskatchewan. The cost is estimated at $70,000, and it is anticipated that the building will be completed by October.

* * *

A $30,000 addition to the Regina Grey Nuns' Hospital is being constructed. The new wing will include a chapel and will have kitchen accommodation in the basement.

* * *

The Manitoba government has authorized an expenditure of $10,000 for alterations to the mental hospitals at Brandon and Selkirk, as well as for the school for mental defectives at Portage la Prairie.

* * *

Cost of the proposed $400,000 addition to the Vancouver General Hospital is to be shared equally by the provincial government and the city of Vancouver. F. L. Townley is the architect.

Price Trends

	Yearly Average 1939	February 1940	January 1941	February 1941
	(On basis 1926=100)			
Building and Construction Materials	89.7	94.0	98.7	100.1
Consumers' Goods (Wholesale)	75.9	82.7	85.5	85.7
	(On basis 1935-1939=100)			
Cost of Living	101.5	103.8	108.3	108.2

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GRANBY, QUEBEC

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Legal Protection Sought by Interns

(*Continued from page* 32)

Senior Acceptance Date

It was suggested by resolution that a uniform application date and a uniform acceptance date for senior internships should be arranged.

Women Interns

The Canadian Intern Board was requested to contact all hospitals not previously employing women interns to determine whether such policy will be altered in the near future. It is possible that there may be some changes of policy on the part of a number of hospitals accepting men only at the present time due to the increasing difficulty of obtaining men.

Quebec Intern Board to be Formed

It has been arranged by the National Committee of the CAMSI that the Universities of Montreal and Laval organize a Quebec Intern Board similar to the Canadian Intern Board.

Military Training

Desirous of making the best possible preparation to help Canada's war effort and taking the viewpoint that the basic military training now required of medical students interferes seriously with their medical studies, it was urged that instead of doing the basic military training, as prescribed by the C.O.T.C. in the different universities, the military training of the medical students be along the line of special courses in war medicine including those features of military training which would be of most value to them when serving as medical officers.

Payment of Interns

In another resolution it was recommended that junior interns (graduates of McGill, Queen's, Toronto and Western) or final year undergraduates of Laval, Montreal, Manitoba and Alberta, should be provided with adequate facilities for study during their internship. Moreover, it was considered desirable that all junior interns should be paid a minimum maintenance allowance of twenty-five dollars monthly with two weeks paid vacation.

Making Jack a Dull Boy

(*Continued from page* 21)

dents and interns have organized for the purpose of improving the system whereby interns obtain hospital appointments. Will their organization go further and become vitally interested in measures to protect the interns' health? There are many difficulties and differences.

In some hospitals all interns are responsible for their own *night calls* and thus there is constant disturbance in the interns' residence. Others confine the night calls to one or two, all of them taking their turn at this phase of duty. Some hospitals have recording machines and/or stenographers for history records, resulting in greater efficiency and in the saving of interns' time; others require that the histories be written in longhand by the intern. Some hospitals have medical students write the full histories. Some hospitals are "closed" and there is a small or limited medical staff to which the interns are responsible, while others are "open" and may have a different doctor for every patient on the ward. All these considerations, and many more that may be thought of, are time factors that affect the work to be done and the hours of duty.

Should not hospital executives put their heads together and arrive at a more uniform scheme of hours on and off duty so that this problem can be on its way to solution before too much is made of it?

A Physician Analyzes the Value of Hospital Records

(*Continued from page* 24)

that a doctor commits himself on paper shows he has confidence in himself. It also improves his judgement. It increases his capacity for correct observations and his ability to describe and record them.

Bacon was correct when he wrote:

"Reading maketh the full man,
Speaking maketh the ready man,
Writing maketh the accurate man."

Record consciousness will never be perfect until everyone—doctor, nurse and hospital personnel—believes in the value and indispensability of medical records. Therefore it is the duty of all of us to carry on a steady programme of propaganda in this direction.

Nurses and interns will write better notes if these same notes are utilized for reference. Making records is a tedious formality if the writer is convinced they will never be looked at. This lack of interest usually begins the vicious circle, in which lack of interest leads to poorer records, poorer records lead to lack of use and lack of use leads us right back to lack of interest.

A psychiatrist is one who dives deeper, stays down longer, and brings up more dirt.

—*Journal, A.M.A., Chicago.*

Keep September 10th and 11th open for the Canadian Hospital Council Meeting in Montreal.

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